Hysteroscopy and NovaSure® Consent Form

Sample Language

I understand this is a procedure to permanently remove the uterine lining to significantly reduce or eliminate excessive vaginal bleeding and associated symptoms. I also understand that becoming pregnant after an endometrial ablation procedure may be dangerous for both mother and fetus, and I should continue to use contraception.

It has been explained to me that a lighted viewing device (hysteroscope) will be inserted through the vagina for a visual examination of the interior of the uterus. The NovaSure endometrial ablation device will then be inserted to perform the endometrial ablation, which will take two minutes or less to complete.

As with any surgical procedure, complications may occur. Some possible complications of this hysteroscopy and endometrial ablation include, but are not limited to: bleeding, infection and perforation of the uterine wall or bowel.

After the procedure, I will report any of the following: foul-smelling discharge or drainage from the vagina, fever and/or chills, severe abdominal pain, excessive bleeding, or heavy bleeding for more than two days after the procedure.

Include any additional information deemed necessary in your clinical judgment and as may be required by applicable law.