



## TUBAL STERILIZATION BY HYSTEROSCOPIC IMPLANTS

### Authorization for surgical treatment addendum

Complications and consequences have been discussed. I understand that the risks include, but are not limited to, the following:

- Pain (immediately afterwards, delayed, long term)
- Excessive bleeding, possibly requiring hysterectomy or blood transfusion (and its risks of infection or transfusion reaction)
- Surgical infection
- Damage to abdominal/pelvic organs such as uterus, bladder, bowel, blood vessels, nerves possibly requiring further surgery or therapy at the time of the operation or at a later date
- Failure of procedure to achieve and/or maintain sterility
- Ectopic (tubal) pregnancy
- Risk of regret, inability to reverse procedure at a later date
- Inability to complete procedure with need for another procedure to achieve sterility.
- Risk of anesthesia
- Need to confirm blockage of tubes by a radiologic test (hysterosalpingogram) after three months
- Need to use another form of contraception until the hysterosalpingogram confirms that the tubes are blocked.
- Inability to use electrosurgical instruments in the uterine cavity in the future.

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

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Signature

Date

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Witness

Date

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