



**CERVICAL CERCLAGE**  
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 blood transfusion (and its risks of infection or transfusion reaction)
- Surgical infection, infection of uterus and the pregnancy
- Damage to abdominal/pelvic organs such as the cervix, bladder, ureters, and vagina
- Failure to keep pregnancy to full term
- Damage to the cervix in labor
- Risk of miscarriage from procedure
- Risk of anesthesia

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 \_\_\_\_\_