



DILATION AND CURETTAGE (MISCARRIAGE)  
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, infection of uterus
- Damage to abdominal/pelvic organs such as the uterus, bladder, ureters, bowel, blood vessels, nerves possibly requiring further surgery (such as hysterectomy or repair of the uterus) at the time of the operation or at a later date
- Failure to remove all of the tissue with subsequent need for repeat surgery or other therapy
- Scarring inside the uterus causing fertility problems
- 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 \_\_\_\_\_