

**Surgical Abortion Information and Consent**

Initial each line indicating that you understand and consent to the abortion procedure. Please do not sign this consent without reading and understanding its contents. You may discuss any questions or concerns you have with our staff, before signing this consent.

The Knoxville Center for Reproductive Health (KCRH) is a private, nonprofit women’s health clinic committed to providing quality reproductive health services. The clinic is fully licensed by the State of Tennessee, and has been in operation since 1975. Our medical director, Dr. Morris Campbell, is a Board Certified Gynecologist who has been in practice since 1976. In the unlikely event of an emergency, please call the clinic’s local telephone number. After hours, the answering service will take your name and number, and a staff member will return your call.

I, \_\_\_\_\_, consent to a surgical abortion to be performed at the Knoxville Center for Reproductive Health.

\_\_\_\_\_ Before the abortion, I will accurately fill out medical history forms, pay my fee, and be directed through laboratory testing. I consent to blood testing to determine my hemoglobin level (anemia test) and the Rh type of my blood. If my blood Rh type is negative, I will need an additional vaccine injection (Rhogam) at an additional cost.

\_\_\_\_\_ I consent that the staff of the Knoxville Center for Reproductive Health may perform an ultrasound to determine the approximate length of my pregnancy. I understand that the intent of this ultrasound is only to determine the length of the pregnancy, and is not intended to determine any abnormalities of my pregnancy, fetus, or reproductive tract. I understand that there are limitations to all imaging techniques, and that no technique is 100% accurate or reliable. I release the Knoxville Center for Reproductive Health and its employees from any liability arising from this test, particularly in regards to any abnormalities of my pregnancy, fetus, or reproductive tract that have not been evaluated by this ultrasound.

\_\_\_\_\_ Based on an ultrasound performed by the Knoxville Center for Reproductive Health staff, I am approximately \_\_\_\_\_ weeks pregnant.

**Surgical Abortion Procedure:**

\_\_\_\_\_ If I am less than 13 weeks: Before the abortion, I will swallow a prescription strength pain medication (usually 800mg of Ibuprofen) to help with cramping, and a medication to decrease nausea and help me relax. Because the medication can impair my judgment, I understand that I must be accompanied by a driver and agree not to drive or operate machinery for eight hours following medication. I may choose not to take this medication, and can then drive myself home. If my medical history indicates it, I consent to also taking Cytotec to aid in the dilation of my cervix.

\_\_\_\_\_ If I am further than 13 weeks in the pregnancy, I consent to receive an injection of Stadol for cramping and Phenergan for nausea. These medications will likely cause drowsiness and impair my judgment. I understand that I must be accompanied by a driver, and I agree not to drive or operate machinery for twelve hours following these medications. If I am further than 14 weeks into the pregnancy, or if my medical history indicates it, I consent to also taking Cytotec to aid in the dilation of my cervix.

\_\_\_\_\_ A first trimester surgical abortion typically lasts 5–7 minutes (a second trimester abortion usually lasts 7-20 minutes). I understand that in order to give me the best quality care, the procedure may last longer. A female staff will be with me during the procedure to assist me and the doctor. The doctor will do a basic pelvic exam and insert an instrument into my vagina to open my vagina, so that he can see my cervix. He will numb my cervix with a local anesthesia (Lidocaine) and apply a clamp to my cervix. I will likely feel a few “stings” or “pinches” on my cervix. Next, the doctor will insert a series of small metal rods into my vagina and into the opening of my cervix, which will slightly dilate (or open) my cervix. I will likely experience some pressure and cramping. Once the cervix has been adequately dilated, the doctor will insert a small hollow tube into my vagina, through the cervical opening, and into my uterus where the pregnancy is located. The vacuum aspirator will be turned on, and I will hear the motorized machine and a suction sound. The doctor may periodically stop suctioning, and use an instrument (a curette) to evaluate the walls of my uterus, and then suction again. The aspiration will empty the contents of my uterus, removing the pregnancy. The aspiration generally lasts 2-3 minutes during a first trimester abortion, and generally 3-15 minutes during a second trimester abortion. During the abortion, I will likely experience moderate to strong menstrual-type cramping.

\_\_\_\_\_ If any unforeseen conditions arise during the course of the abortion procedure, I further consent to Dr. Campbell and/or his associates to do whatever is deemed advisable in the exercise of his/their best medical judgment.

\_\_\_\_\_ **Recovery room:** Following the abortion, I will be observed in the recovery room for approximately 30-60 minutes. I will be offered more pain medication (usually Ibuprofen), and will be given medication (Methergine or Ergonovine) to help my uterus contract and slow any bleeding. If I am less than 12 weeks into the pregnancy, this medication will be taken by mouth. If I am further than 12 weeks into the pregnancy, or at the discretion of the physician, this medication will be given by injection.

#### **After the Abortion:**

\_\_\_\_\_ **Aftercare:** I may return to most of my normal activities tomorrow. I agree to avoid all heavy lifting, pushing, or pulling (25 pounds or more), and all strenuous activity for 10 days. Becoming too active too soon may increase post-abortion bleeding and cramping, and put me at a higher risk for complications. To help prevent infection, I agree to have nothing in my vagina - including no sex, no tampons, no vaginal creams, etc. - until after my follow up exam in three weeks. It is also preferable to avoid tub baths and swimming until after the follow up visit. (Taking a shower is okay). I will receive written after care instructions, and agree to follow all instructions.

\_\_\_\_\_ I agree to have a follow-up exam, approximately three and a half weeks after the abortion.

\_\_\_\_\_ **Bleeding:** I understand that after my abortion, I may have some vaginal bleeding for up to three weeks. The amount of bleeding varies greatly from patient to patient. Most women experience some amount of bleeding, off and on, for a week or so. Some women do not bleed at all after an abortion, and some bleed for up to three weeks. Often times, the heaviest bleeding occurs 3 –5 days after the abortion, instead of right at first. Generally, the bleeding does not exceed the flow of the heaviest day of a woman’s menstrual period. I may bleed for a few days, stop bleeding, and then begin bleeding again a few days later. I may pass some blood clots (usually dark in color) from my vagina that range in size from very small to about the size of a half dollar. Bleeding and passing some clots are normal, provided that these symptoms are not excessive.

\_\_\_\_\_ **Cramping:** I understand that I may have some cramping off and on for 2 or 3 weeks. If needed, I may take 800 mg of Ibuprofen (Advil or Motrin) at a time, three (3) times a day. Generally, this dosage will relieve the discomfort. I may also receive a prescription for a pain reliever (Darvocet N-100) “just in case” the Ibuprofen is ineffective. Many women do not need to fill this prescription. I will be given additional written and verbal instructions regarding how to use these and any other prescribed medications. I agree to follow all directions. I have discussed any medication allergies or other concerns regarding these medications with the clinic staff.

\_\_\_\_\_ **I agree to call the clinic if: I develop excessive bleeding, that requires I change a maxi (Overnight sized) pad more often than once an hour; I experience severe cramping or pain that the Ibuprofen and Darvocet N-100 do not relieve; I repeatedly pass large, bright red blood clots, larger than golf balls; or, if I develop a temperature of 100.4 degrees or more. I understand that it is my responsibility to contact the clinic should I experience any difficulties following my abortion procedure.**

\_\_\_\_\_ **Safety and Risks:** Abortion is one of the safest and most commonly performed procedures in the USA. Comparatively, it is actually safer to have an abortion than to carry a pregnancy to full-term. Approximately 97% of women have no complications or post-abortion complaints; approximately 2.5% have a minor problem that can be handled at the clinic; and less than 0.5% require additional surgery and/or hospitalization. I understand that, as with any medical or surgical procedure, there is some risk to body and life. I understand that the risks involved in this procedure may include the following:

\_\_\_\_\_ **Post-abortal Hematometra:** Due to excessive activity (lifting 25lbs. or more, exercise within the first 10 days post op.) or other factors, my uterus may fill with blood clots. This condition could cause heavy bleeding, cramping, and repeatedly passing clots. This condition may resolve itself or be treated with medication. It may require that I undergo the vacuum aspiration again, in order to remove the blood clots and relieve my symptoms.

\_\_\_\_\_ **Excessive Bleeding:** Heavy bleeding most commonly can be treated with medication, but may require a second vacuum aspiration procedure.

\_\_\_\_\_ **Incomplete Abortion:** If pregnancy tissue remains in the uterus after the abortion, symptoms such as excessive cramping, excessive bleeding, and/or uterine infection can occur. This condition may resolve itself or may require that I undergo the vacuum aspiration again, in order to remove the retained tissue.

\_\_\_\_\_ **Missed Abortion:** In rare cases, the pregnancy can be left intact in the uterus. I would need to undergo the procedure again to have the pregnancy removed. I understand that the incidence of a missed abortion increases if I am earlier than 6 or 7 weeks in the pregnancy. The doctor may want to order additional lab work or testing if I am very early in my pregnancy. To ensure that the abortion is complete, I agree to have a follow up exam approximately three weeks after the abortion.

\_\_\_\_\_ **Laceration of the Cervix:** A tear in the cervix or cervical opening may occur. A tear is usually identified at the time of the procedure. Most cervical lacerations do not require any additional treatment. Occasionally, self-dissolving sutures (stitches) are required to repair the tear.

\_\_\_\_\_ **Perforation of the Uterus:** If a tear or puncture of the uterus occurs, it is usually identified at the time of the abortion. Typically, the uterus will contract following a perforation, allowing only minimal bleeding. However, if this were to occur before the procedure has been completed, or if there are signs of internal bleeding, admission to the hospital may be necessary to repair the perforation and complete the procedure under general anesthesia.

\_\_\_\_\_ **Infection:** The risk of infection is minimized by the use of sterile instruments, sterile technique, antibiotics, and most importantly, by me following all aftercare instructions. Signs of an infection include a fever (above 100.4 ), increased cramping, and tenderness in the lower abdomen. An infection may be treated with additional antibiotics, and/or require that I have the vacuum aspiration repeated.

\_\_\_\_\_ In the event a reaspiration is required, the Knoxville Center for Reproductive Health will provide the vacuum aspiration at this clinic at no additional charge. However, **I am responsible for any expenses incurred for an emergency room visit or for care at another facility.**

\_\_\_\_\_ In the event additional lab work is necessary to determine the best course of treatment, I am responsible for any additional charges. The staff is responsible for informing me of any additional costs prior to incurring them if the services are provided by Knoxville Center for Reproductive Health.

\_\_\_\_\_ **Emotional/Psychological Responses:** The majority of women who elect to have an abortion feel a sense of relief after the abortion. According to the American Psychological Association, research shows that emotional distress appears greatest before, rather than after, an abortion. I understand that a small percentage of women may experience lingering emotional distress after the abortion. Psychological responses to abortion must also be considered in comparison to the psychological impacts of the alternatives – carrying an unwanted pregnancy to term and parenting or making adoption arrangements.

**Patient Rights:**

\_\_\_\_\_ Each patient has at least the following rights:

- a) To privacy in treatment and personal care;
- b) To be free from mental and physical abuse. Should this right be violated, the facility must notify the appropriate branch of the Tennessee Department of Human Services immediately;
- c) To refuse treatment. The patient must be informed of the consequences of that decision; the refusal and its reason must be reported to the physical and documented in the medical record;
- d) To refuse experimental treatment and drugs. The patient’s written consent for participation in research must be obtained and retained in his or her medical record;
- e) To have their records kept confidential and private. Written consent by the patient must be obtained prior to the release of information except to persons authorized by law. If the patient is mentally incompetent, written consent is required from the patient’s legal representative. The Knoxville Center for Reproductive Health must have policies to govern access and duplication of the patient’s record;
- f) To have appropriate assessment and management of pain; and
- g) To be involved in the decision making of all aspects of their care.

\_\_\_\_\_ I understand that the purpose of an abortion is to end my pregnancy. I understand that the alternatives to having an abortion are 1) to have a baby and parent, or 2) to have a baby and give it up for adoption. I have considered these options, and am choosing to have an abortion. I understand that I cannot be forced by anyone to have an abortion. The abortion is my decision.

\_\_\_\_\_ I read and understand all information contained in this consent. I hereby request and consent to have an abortion procedure performed on myself by Dr. Morris Campbell and/or his associates at the Knoxville Center for Reproductive Health.

\_\_\_\_\_  
Patient Signature  
Last update 5.9.07

\_\_\_\_\_  
Date

I have asked this individual questions, and based on the answers she has given me she appears to understand the information being provided.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date