Risks of Hysteroscopic Tubal Ligation South Florida Women's Care

The Procedure I will undergoing is

- 1. Damage to uterus, bowel, bladder, urinary organs: Perforation of the uterus is a small risk. If that were to occur, laparoscopy (placing a camera in the umbilicus) may need to be done to make sure the uterus wasn't bleeding and repair any damage. Cervical stenosis (inability of the cervix to dilate) can increase the risk of uterine perforation.
- 2. **Damage to nerves, skin**: We are very careful to position your legs very gently before surgery. Rarely, the nerves in your legs can "go to sleep" during surgery and can have temporary nerve damage.
- 3. Infection: You are given an antibiotic during surgery to decrease any risk of infection. Rarely, infection can occur after surgery and need medicine, and even surgery to correct.
- 4. Need for further surgery: If your procedure involves treatment for heavy bleeding (i.e. Removing a polyp or endometrial ablation), it is possible that these procedures will not cure your underlying problem and further surgery will be needed.
- 5. Bleeding: It is possible to have bleeding during or following the procedure requiring medicines and rarely surgery (even a hysterectomy) to correct. A blood transfusion may be needed as well: risks include HIV (1/2 million), Hepatitis C (1/200,000).
- 6. Risk of Failure: While tubal sterilization is intended to permanently prevent conception, failures do occur. After a tubal ligation, about one out of 200 women may still become pregnant. By preventing pregnancy, female sterilization has an overall protective effect on the risk of ectopic pregnancy. However, when pregnancy does occur it is likely to be ectopic.
- 7. Regret: Tubal ligation is an irreversible procedure. Up to 30% of women undergoing a tubal ligation may regret this decision later in life. Women who are ambivalent about the permanence of the procedure should strongly consider another contraceptive method.
- 8. **Reaction to anesthesia:** Can have nausea or vomiting after anesthesia. Extreme reactions are incredibly rare, discussed further on anesthesia's consent.

I understand the risks above and any additional risks my doctor has described to me. I understand the benefits and alternatives to the procedure. I understand that other procedures could be done to repair any damaged tissue to remove any diseased tissue. I sign below indicating my informed consent to the procedure.

Printed Name	Date of Birth
Patient's Signature	Date
Physicians Signature	Date
XX7/.	

Witness

Date