

**Consent for Hysteroscopy and NovaSure Endometrial Ablation**

*After careful discussion with Dr. Morris Ahdoot, M.D, I, \_\_\_\_\_,  
request that she perform a Hysteroscopy and NovaSure Endometrial Ablation.*

*I understand this a procedure to permanently destroy the uterine lining to stop or significantly reduce excessive vaginal bleeding and associated symptoms. I also understand that, in most cases, a woman cannot become pregnant after an endometrial ablation.*

*It has been explained to me that a lighted viewing device (hysteroscope) will be inserted through the vagina for a visual examination of the interior of the uterus. The NovaSure endometrial ablation device will then be inserted to perform the endometrial ablation, which will take less than two minutes to complete.*

*As with any surgical procedure, complications may occur. Some possible complications of this hysteroscopy and endometrial ablation include, but are not limited to: bleeding, infection, and perforation of the uterine wall or bowel.*

*After the procedure, I will report any of the following: a foul-smelling drainage from the vagina, fever and/or chills, severe abdominal pain, excessive bleeding, or heavy bleeding longer than two days after the procedure.*

\_\_\_\_\_  
*Signature of Patient*

\_\_\_\_\_  
*Printed Patient Name*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*