

Jeri Shuster, M.D., P.A.
and Women's Center, Inc.

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HYSTEROSCOPY / ENDOMETRIAL BIOPSY -- PRE-OP INSTRUCTIONS, CONSENT

We have discussed the logistics and details of the procedure: Y / N

I have been advised to REFRAIN FROM ASPIRIN and aspirin-containing products for two weeks prior to the procedure. Other blood thinning medications will be managed in conjunction with the prescribing physician.

Take Motrin 800 mg twice a day with meals beginning two days prior to the procedure.

Rx: Motrin 800 mg or Rx:
One tablet orally twice daily
#30 tablets

The night prior to the procedure, take Cytotec 200 mcg to soften the cervix.

Rx: Cytotec 200 mcg
One tablet orally the night prior to the procedure
#2 tablets

For anxiety, Rx: Ativan 0.5 mg
One tablet at home prior to leaving for procedure. This dosage may be repeated once in the office. Have someone drive you if you take this medication because it is sedating. # 5 tablets.

Vaginal estrogen. Ideally women through menopause should used twice a week beginning at least two weeks prior to the procedure.

Vagifem 10 mcg: one tablet in AM twice weekly, # _____ tablets; refill: _____

Estrace cream: one gram vaginally at bedtime twice weekly, # _____ gm; refill: _____

Antibiotic Rx if history of: endocarditis /prosthetic heart valve / congenital heart disease / heart repair surgery / joint replacement surgery Rx:

I understand the risks associated with these procedures include, but are not limited to: bleeding, infection, uterine perforation, injury to internal structures.

History of feeling faint or passing out after procedures: Y / N

I understand the benefits associated with the procedures: Y / N

I understand the alternatives to the procedures: Y / N

I have been informed of this center's pain study which revealed an average pain level of 2.5 (scale: 1 = mild discomfort, 10 = severe pain) from hysteroscopy, endometrial biopsy: Y / N

All of my questions have been answered to my satisfaction: Y / N

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ THE FORM AND UNDERSTAND THE FORM.

Patient / Guardian Signature

Date

Witness Signature

Date

Jeri Shuster MD / Kathryn Cervi CRNP

Date