

Informed Consent Handout – Endometrial Ablation or Operative Hysteroscopy

This handout explains the risk of endometrial ablation and other forms of operative hysteroscopy. Hysteroscopy involves using a camera through the cervix to inspect the inside of the uterus. Endometrial ablation involves surgical removal of the uterine lining. The risks described in this handout are based on the complication rates for Dr. Reilly and those reported in published studies. If you have any questions about this information, please contact Dr. Reilly's office at (519) 787-7418 or Palmerston Hospital at 519-343-2030 to book an appointment to review your questions.

Dr. Reilly started independent practice in August 2005. Between August 2005 and Dec 31, 2017 Dr. Reilly has performed 395 endometrial ablations and operative hysteroscopy procedures. 94% of his patients experienced no complications.

Because Dr. Reilly is operating in the uterus, there is a risk of damaging the uterus, bladder, or bowel. Damage to these organs may result in additional surgery, long-term disability, and/or death. Bladder and bowel injury are very rare and Dr. Reilly has not had a patient experience either. In published studies the rate of uterus injury is 0-2% while Dr. Reilly's rate is 0.5%.

The most common complication of an Endometrial Ablation/Operative Hysteroscopy is bleeding. In published studies, the risk of higher than average bleeding range from 1% to 3% while Dr. Reilly's patients experience this 4% of the time. The published rate of infection is 1% and Dr. Reilly's rate is 1.5%.

Summary

374 Endometrial Ablation/Operative Hysteroscopy Performed

Complication	# of Patients	% of Patients	% in Studies
None	371	94%	
1. Bleeding	16	4%	1 - 3%
2. Infection	6	1.5%	1%
4. Bladder Injury	0	0%	
6. Bowel Injury	0	0%	
11. Uterine Injury	2	0.5%	0 - 2%

Additional Resources

<http://sogc.org/guidelines/endometrial-ablation-in-the-management-of-abnormal-uterine-bleeding/>