WE HEALTH CLINIC
32 E 1st Street, Suite 300 ▪ Duluth, MN 55802
P: 218-727-3352 ▪ F: 218-727-5850 ▪ wehealthclinic.org

Name:
DOB:
DOS:

Consent for Suction Abortion

What is a suction abortion?
A suction (aspiration) procedure that removes the pregnancy from your uterus.

What are the benefits of the suction abortions?
It is a safe and effective way to end a pregnancy.

What is expected after suction abortions?

- **Vaginal bleeding, sometimes with clots—**If your bleeding is excessive (soaking more than two maxi pads per hour for two hours in a row, four pads total) call WHC.
- **Cramping**

What are the risks of suction abortions?
Abortions are very safe. However, there are risks with any medical procedure. Your risks may be higher if you have certain medical conditions or have had a C-section or other surgeries. The physician will review your history to confirm that WHC is the right facility to provide your abortion.

Serious complications occur in fewer than 1% of suction abortions. Possible risks are:

- **The pregnancy doesn't end –** Rarely, the suction does not end the pregnancy. It may be because the pregnancy was ectopic (not in the uterus) or for some other reason. If the pregnancy is ectopic, you will need treatment right away. If the abortion doesn't work and the pregnancy is still in the uterus, a repeat suction or medication abortion may be used.
- **Incomplete suction –** This means pregnancy tissue may be left inside the uterus. This may lead to bleeding, infection, or both. If this happens, the procedure may need to be done again. Other tests or treatments may also be needed.
- **Infection of the uterus –** Most infections can be found and treated with medication. There is a small chance that a repeat suction procedure may be needed in addition to antibiotics.
- **Heavy bleeding (hemorrhage) –** This may require treatment with medication, a repeat suction procedure, blood transfusion, and very rarely surgery, including possible hysterectomy (removal of the uterus).
- **Injury to the cervix (opening to the uterus) –** This may be treated with medication or with stitches.
- **Injury to the uterus or other organs –** A surgical instrument can pass through the wall of the uterus, which could damage organs inside the body like the intestines, bladder, or blood vessels. Treatment may mean just watching and waiting or surgery. Very rarely, a hysterectomy (removal of the uterus) may be needed. Scars may develop inside the uterus, which may need to be treated.
- **Allergic reaction –** Some people may be allergic to the local anesthetic (numbing medication) or other medications used. It is important that you tell us about all medication you are allergic to and any medications you are taking. We need to be sure they are safe to mix with the medications we give you.
- **Death –** Deaths from legal abortions are very rare, occurring in fewer than 1/100,000 abortions. The risk of death from continuing the pregnancy and childbirth is 21 times greater.

What will happen to me during the suction procedure?
You will be given pain reliever and an antibiotic. During the procedure, you will be given numbing medication (local anesthetic) in your cervix to reduce the pain of the procedure. Your cervix will be dilated (opened). After your cervix is dilated, the contents of your uterus (pregnancy) are removed with suction. Surgical instruments may also be used to empty the uterus. The physician will examine the tissue to confirm the abortion is complete.

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What will happen after the procedure?
In the recovery room, you will be given instructions on caring for yourself after your abortion and information on when to come back to WHC if you are having a problem.

What else do I need to know?
Abortions are safe and effective, but no guarantee can be made about the outcome of your abortion. In the unlikely event that you need medical care after your abortion, you will be responsible for paying for it. This is the case even if WE Health Clinic refers you to another doctor or hospital because of a problem.

In the event of an emergency transfer to a hospital, I give WE Health Clinic permission to share my medical information with that hospital.

Emergency Contact: In the event of an emergency, you can choose a trusted person that WE Health Clinic can contact regarding your care. Please list your contact below. By listing a contact person, you give WE Health Clinic permission to discuss your medical care with them if needed in an emergency.

Name: _____

Relationship to patient: _____

Cell phone number: (_____) _____

In the event of an emergency transfer to a hospital, I give WE Health Clinic permission to share my medical information with that hospital.

I have read this form, understand its contents, have had an opportunity to have all questions answered, and choose to proceed with suction abortion at WE Health Clinic.

Signature of Patient: _____ Date: _____

Staff Witness to Patient Signature: _____ Date: _____

A licensed doctor in training may be working with your doctor today and may be performing part of your procedure. Please choose whether you consent to this by signing your initials:

Yes _____ No _____ I have questions: _____

Physician: My signature confirms that the patient received the information in this document, understands its contents, and has had the opportunity to ask any question.

Provider Signature: _____ Date: _____

Provider Name: _____