

Polyp Removal Consent

Cervical polyp: a growth that develops on the cervix

Procedure: The procedure is performed in the office. You will be on your back. Your legs will be in stirrups. A speculum will be inserted into the vagina to visualize your cervix. The polyp will be grasped with an instrument and twisted at the base until it is resected. Silver nitrate will be used to ensure bleeding is under control.

Risks: Are inclusive of but not limited to pain, bleeding, infection, possible need for further surgery.

Benefits: 1) rule out malignancy 2) other: _____.

Alternatives: Do nothing.

Indications: 1) rule out malignancy; 2) other: _____.

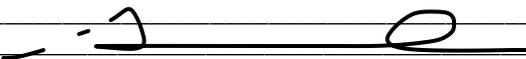
Acknowledgement

I acknowledge that I have read and understand this written material. I understand the risks, benefits, alternatives and indications of this procedure. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the procedure. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. This procedure has been explained to me in language that I understand. I have been given the opportunity to ask questions which have been answered to my satisfaction. I have also considered other options and alternatives. I consent to the performance of the procedure described above.

Patients Name (print) _____

Patients Signature _____

Physician Name (print) Honey Milestone _____

Physician Signature  _____

Witness Name (print) _____

Date: ____/____/____