

Manual Vacuum Aspiration (MVA) Consent Form

____ I request a Manual Vacuum Aspiration (MVA), a procedure that will empty my uterus. This procedure may be used as a suction abortion or as treatment for an early pregnancy loss, a failed medication abortion or for abnormal uterine bleeding.

____ I understand that if I am pregnant, my three options regarding this pregnancy are parenthood, adoption, and abortion. I understand that if I am pregnant, the MVA will end my pregnancy.

____ I understand that before the MVA, I may have blood tests done to check me for anemia and I will have to document my Rh type by history, blood donor card, prior blood test or a new blood test. If I am Rh negative, I may be offered a shot of MicRhogam.

____ I understand that I might be offered medication before the MVA: Ibuprofen to lessen the cramping. I will have local anesthesia with Lidocaine injected. I am not allergic to Ibuprofen or Lidocaine.

____ I understand that the possible complications from MVA include: incomplete emptying of my uterus, infection, bleeding, allergic reaction and perforation.

____ I have read this form and have had time to think about it. I have had all of my questions answered.

____ I have been given an information sheet explaining how and when to get help should a question or problem arise after the procedure.

____ In the event of an unexpected complication during the MVA, I request and authorize the clinician to do whatever is needed to protect my health and welfare.

____ I hereby consent that _____ do the procedure "manual vacuum aspiration" for me.

____ If I had testing for sexually transmitted infections or blood type testing I will be available at this number to receive results:

My Phone: _____ May we leave a confidential message? ___yes ___no

Signature of patient: _____ Date: _____

Witness: _____ Date: _____

Signature of Clinician: _____ Date: _____