GUIDELINE FOR THE DISPOSAL OF EARLY PREGNANCY FETAL TISSUE (AT LESS THAN 12 WEEKS) AND ALSO OF NON-RECOGNISABLE TISSUE BEYOND 12 WEEKS GESTATION

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<th>11th September, 2014</th>
<th>Next Review:</th>
<th>2017</th>
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<td>Gynaecology Clinical Effectiveness Group Meeting</td>
<td>Date:</td>
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<td>Endorsed by:</td>
<td>Lead Nurse for Women’s Services &amp; Governance Lead for Gynaecology</td>
<td>Date:</td>
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| This document should be read in conjunction with: |  ● Pregnancy Loss Checklist - Under 24 Weeks  
  ● Pregnancy Loss Checklist - Over 24 Weeks  
  ● Surgical Management of Miscarriage (evacuation of retained products of conception) | | |
| Author/Further information: | Miss Cecilia Bottomley (Lead Clinician Early Pregnancy) | | |
| Version: | 2 | | |
| Stakeholders involved: | Obstetrics and Gynaecology Doctors, Emergency Department doctors, Theatre practitioners, Pathology staff | | |
| Applicable to: | Obstetrics and Gynaecology Doctors, Emergency Department doctors, Theatre practitioners, Pathology staff | | |
| Directorate responsible for the document: | Women’s Services | | |

Document review history:

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Date Expired: September 2017
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1. **BACKGROUND AND GUIDING PRINCIPLES**

   - This guideline conforms to the Human Tissue Authority Code of Practice Number 5 (September 2009).
   - All fetal and pregnancy tissue should be handled with care and respect. Such tissue (including placenta, membranes and embryonic tissue) is referred to as ‘pregnancy tissue’ for the purposes of this guideline.
   - All pregnancy tissue should be disposed of sensitively regardless of the method, timing or nature of the end of the pregnancy.
   - Specific consent forms are to be used which combine consent for any procedure with consent for sensitive disposal of the tissue. These replace the generic hospital consent forms.

2. **SCOPE**

   - This guideline refers to all unrecognisable pregnancy tissue including:
     - Tissue passed or removed during the process of a miscarriage without surgical intervention
     - Surgically evacuated tissue (miscarriage or termination of pregnancy)
     - Ectopic pregnancy tissue
     - Retained products of conception after term delivery, midtrimester loss, miscarriage or termination of pregnancy

   - Where a recognisable fetus/baby is passed, then the disposal of the fetus should be arranged using guideline ‘Pregnancy loss checklist under 24 weeks’ (HYPERLINK) or ‘Pregnancy Loss Checklist - Over 24 Weeks’ (HYPERLINK). However, any separate placental tissue (for example after surgical evacuation of retained products) should be handled in line with this guideline.
   - The guideline does not however, relate to disposal of the placenta following an uncomplicated delivery.

3. **STANDARD**

   - All pregnancy remains will be disposed of in line with Human Tissue Authority Code of Practice Number 5 (September 2009).

4. **PATIENT CONSENT GUIDELINE**

   - All women need to provide written confirmation of their consent to examination and/or disposal of pregnancy tissue at the time of consent for any procedure such as laparoscopy for ectopic pregnancy, surgical management of miscarriage, surgical evacuation of retained products of conception or surgical termination of pregnancy (Appendix A-C).
   - Women who spontaneously pass suspected pregnancy tissue also need to provide written confirmation of their consent to examination and disposal of this pregnancy tissue (Appendix D).
   - All women (or couples) with unintended pregnancy loss should be made aware that information on disposal options for pregnancy tissue is available if they wish to have access to it by being given the patient information leaflet ‘Sensitive Disposal Arrangements and Histopathology Examination of Fetal Tissue’ (HYPERLINK).
   - Women undergoing termination of pregnancy (TOP) should be given the TOP information leaflet which informs them that further information regarding the disposal of tissue is available if specifically requested.
• The leaflet ‘Sensitive Disposal Arrangements and Histopathology Examination of Fetal Tissue’ (HYPERLINK) is designed for those with spontaneous pregnancy loss or ectopic pregnancy but can be used for those undergoing therapeutic termination for fetal abnormality. It should only be given to women undergoing non-therapeutic TOP if specifically requested by the woman.

• Women who do not wish to receive information about disposal of fetal tissue should have this request respected. In this case, cremation of the tissue will be carried out.

• If requested by any woman, a hospital Chaplain or representative from their own faith should be arranged to discuss disposal arrangements, via the hospital Chaplaincy.

• Four copies of each consent form should be made, with each sent as follows:
  1. Sent with specimen (and histology request form, if indicated) to pathology lab
  2. Kept in the hospital notes
  3. To EPAU (to inform Chaplaincy if indicated for informing of cremation)
  4. Given to woman, if requested

5. Tissue Handling Guideline

• An individual container should be used to store tissue from each individual woman.

• The container should be opaque (non-transparent) and placed in a sealable plastic bag with an appropriate patient identification label.

• If women request to make their own arrangements for disposal, they may be given the tissue within the opaque container inside a sealed plastic bag.

• If tissue is to be sent for histology examination, the histology request form must be accompanied by a copy of the consent form (indicating sensitive disposal consent).

• If tissue is for hospital disposal but not histology (including most TOP specimens) this should be indicated on the consent form and the tissue should still be sent to the pathology laboratory for cremation with the consent form but no histology request form is needed.

• Tissue sent for cytogenetic examination should also be accompanied by the consent for disposal. This tissue for cytogenetics should be sent to Kennedy Galton laboratory urgently by courier, dry (NOT FORMALIN), again in a sealable plastic bag. If cremation has been requested then Kennedy Galton will return any remaining tissue to the pathology laboratory for cremation.

6. Women Undecided or Choosing an Alternative to Histology and Hospital Disposal by Cremation

• Women who request a particular option for management of the tissue should have their request carried out. Women may arrange their own private disposal arrangements and no registration of this is routinely required. This can be arranged via the hospital mortuary and their own private funeral directors (‘Notification of Death’ form completed) or the fetus or tissue can be simply handed directly to them in a sealed opaque container.

• Women who are unable to make an immediate decision regarding disposal of tissue should be advised to contact the Early Pregnancy Clinical Nurse Specialist within one month. If they do not do so then the tissue will be cremated.

• Where a woman chooses to be informed of the monthly cremation service her details should be given to the Early Pregnancy Nurse Specialist so that she can arrange for the Chaplaincy to contact the
woman with details of this service. The woman should be informed that this is a combined cremation of fetal tissue from multiple patients.

- Specimens with incomplete or absent consent for disposal forms will be referred by pathology staff to the Lead Clinician for Early Pregnancy or Clinical Nurse Specialist for Early Pregnancy who will use their discretion to authorise sensitive disposal by cremation unless there is evidence that the woman has requested a specific alternative disposal
7.0 **FLOW CHART FOR DISPOSAL OF EARLY PREGNANCY TISSUE AND NON-RECOGNISABLE FETAL TISSUE BEYOND 12 WEEKS GESTATION**

![Flowchart diagram showing the process of disposing of early pregnancy fetal tissue and non-recognisable fetal tissue beyond 12 weeks of gestation.]

- **Pregnancy/fetal tissue less than 24/40**
  - **No**
    - Use pregnancy loss greater than 24/40 checklist

- **Unrecognisable fetus (usually <12/40) or therapeutic TOP or retained placental tissue at any gestation?**
  - **No**
    - Use guideline ‘Pregnancy loss checklist under 24 weeks’ for recognisable fetus

- **Nontherapeutic TOP**
  - Consent includes consent for disposal (unless any other request made)*

- **All women to be asked to read ‘Sensitive disposal arrangements and histopathology examination of fetal tissue’**

- **Surgical procedure (ectopic, ERPC, TOP)**
  - Combined consent form for surgical procedure and disposal

  - Send copy of consent form noting for disposal only (no histology), with specimen to path lab**
    - (specimen in opaque container in sealed plastic bag)

  - One copy of the consent form each:
    1. With specimen to lab
    2. Hospital notes
    3. (No copy to patient or EPAU required)

- **Tissue from Spontaneous pregnancy loss/ products removed from cervix**
  - Specific ‘stand alone’ consent form for histology and disposal

  - Send consent form with histology request form and specimen to path lab**
    - (specimen in opaque container in sealed plastic bag)

  - If histology not required, indicate this on consent form (for disposal only, no histology required)**

  - One copy of the consent form each:
    1. With specimen and histology request form
    2. Hospital notes
    3. Sent to the EPAU
    4. Patient (if requested)

  - Tissue disposed of by cremation (after histology examination if requested). Arranged by path lab

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*TOP for medical abnormality or PPROM is commonly requested for private disposal

**If no histology indicated then send specimen as described to lab with copy of consent form stating ‘disposal only, no histology’
8.0 REFERENCES

Human Tissue Authority Code of Practice 5. Disposal of Human Tissue Section: Disposal following pregnancy loss. September, 2009


RCN Sensitive Disposal of all Fetal Remains, 2007

Institute of Cemetery & Crematorium Management: The Sensitive Disposal of Foetal Remains, 2004
### 9.0 Appendices

<table>
<thead>
<tr>
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Disposal of Early Pregnancy Fetal Tissue

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SURGICAL MANAGEMENT OF MISCARRIAGE/ RETAINED PREGNANCY TISSUE
Combined Consent for procedure and Sensitive Tissue Disposal

Patient name (OR LABEL):  
DOB: 
Hosp number: 
Consultant:  
Ward/department:

Name of proposed procedure or course of treatment
Surgical evacuation of the uterus (womb): operation to remove pregnancy tissue from within the womb, usually when a miscarriage has not completed.

Any other planned procedure:

The intended benefit: To remove any pregnancy tissue from within the womb.

Statement of health professional (with appropriate knowledge of proposed procedure)
I have explained the procedure to the patient, in particular, I have explained:
- The cervix (neck of the womb) will be dilated (opened) for the pregnancy tissue to be removed. If it is expected that it may be difficult to open the cervix, tablets or pessaries may be given first to make the cervix softer and the operation safer.
- The tissue removed from the womb will be examined microscopically to check that there is no abnormality in the placenta tissue (trophoblastic disease), following which it will be sensitively cremated.

Serious risks:
- Significant tear of the neck of the womb (rare)
- Perforation of the womb, up to 5 in 1000 women

Frequent risks:
- Bleeding that lasts for up to 2 weeks is very common but heavy bleeding needing blood transfusion is uncommon (1–2 in 1000 women).
- Need for repeat procedure if all pregnancy tissue is not removed, up to 5 in 100 women.
- Pelvic infection, 3 in 100 women

Any extra procedures which may become necessary during the procedure:
- Laparoscopy (keyhole surgery) to investigate for any suspected injury, if there is perforation of the womb
- Laparotomy (open surgery) to repair any injury
- Other procedure (please specify)

The benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient have been discussed.

Important Notes
This consent form should be signed once the patient has had an opportunity to read the leaflet ‘Sensitive disposal arrangements and histopathology examination of fetal tissue’.
*If patient wishes to discuss disposal options later or to be informed of cremation service she should contact Early Pregnancy Clinical Nurse Specialist (020 3315 5070) within 1 month, after which (if no contact made) tissue will be examined and cremated. Women who choose to take tissue may be given it directly following procedure in a non-transparent sealed container.

This consent form is in line with and adapted from the Royal College of Obstetricians and Gynaecologists Surgical Evacuation of the Uterus for Early Pregnancy Loss (Consent Advice 10).
SURGICAL MANAGEMENT OF MISCARRIAGE/ RETAINED PREGNANCY TISSUE
Combined Consent for procedure and Sensitive Tissue Disposal

Patient name (OR LABEL):
DOB:
Hosp number:
Consultant: Ward/department:

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**Disposal:** (Circle one)

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<tbody>
<tr>
<td>No histology or disposal (patient taking tissue immed)*</td>
<td>Undecided (send to histol pending decn)*</td>
<td>*=see previous page for detail</td>
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I have offered to arrange for further information regarding the sensitive management of pregnancy tissue following early pregnancy loss to be provided, if requested*

This procedure will involve (circle): General anaesthesia/ local anaesthesia

The following leaflets have been provided (circle):
Miscarriage / Surgical Management Miscarriage/ Sensitive disposal arrangements

**Statement of Previability:**
I confirm that this pregnancy ended before 24 weeks gestation and that there is no recognisable fetus in this tissue, or that this is postnatal retained products. I have no reason to suspect that the duration of the pregnancy was shortened by any unlawful act.

**Health professional (Nurse, midwife or doctor) signature**
Signed…………………………… Date……………………………
Name (PRINT)…………………… Job Title……………………

**Patient signature consenting to the procedure**
Signed…………………………… Date……………………………
Name (PRINT)……………………

**Statement of interpreter (where appropriate)**
I have interpreted the information above to the patient to the best of my ability and in a way which I believe she can understand
Signed……………………………Name (PRINT)…………………… Date……………………………

Copies (tick):
1 With histology request and specimen to pathology
2 Patient Notes
3 EPAU
4 Patient (if requested)
SURGICAL MANAGEMENT OF ECTOPIC PREGNANCY

Combined Consent for procedure and Sensitive Tissue Disposal

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<td>Ward/department:</td>
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Name of proposed procedure or course of treatment (Delete as appropriate)

- **Laparoscopic salpingectomy** (removal of a fallopian tube containing an ectopic pregnancy)
- **Laparoscopic salpingotomy** (removal of an ectopic pregnancy through an incision in the fallopian tube)

Any other planned procedure:

The intended benefit: **To remove the ectopic pregnancy if it is confirmed at laparoscopy.**

Statement of health professional (with appropriate knowledge of proposed procedure)

I have explained the procedure to the patient, in particular, I have explained:

Serious risks:
- Damage to bowel, bladder, uterus or major blood vessels, which would require immediate repair by laparoscopy or laparotomy (uncommon); up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy.
- Failure to gain entry to abdominal cavity and complete the procedure.
- The overall risk of serious complications from diagnostic laparoscopy is approximately two in 1000.
- 3-8 women in 100,000 undergoing laparoscopy could die as a result of complications (very rare).
- Hernia at site of entry.

Frequent risks:
- Inability to identify an obvious cause for presenting complaint (‘negative laparoscopy’).
- Need to remove whole tube if salpingotomy not possible due to bleeding (24% chance).
- Bruising, wound gaping or wound infection.
- Shoulder-tip pain.
- Persistent trophoblastic tissue (up to 8% with salpingotomy, may also occur with salpingectomy).

Any extra procedures which may become necessary during the procedure:
- Blood transfusion.
- Laparotomy, repair of damage to bowel, bladder, uterus or blood vessels, salpingectomy (when salpingotomy planned).

The benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient have been discussed.

Important Notes

This consent form should be signed once the patient has had an opportunity to read the leaflet ‘Sensitive disposal arrangements and histopathology examination of fetal tissue’.

*If patient wishes to discuss disposal options later or to be informed of cremation service she should contact Early Pregnancy Clinical Nurse Specialist (020 3315 5070) within 1 month, after which (if not contact made) tissue will be examined and cremated.

This consent form is in line with and adapted from the Royal College of Obstetricians and Gynaecologists Laparoscopic Management of Tubal Ectopic Pregnancy (Consent Advice 8).
# SURGICAL MANAGEMENT OF ECTOPIC PREGNANCY
## Combined Consent for procedure and Sensitive Tissue Disposal

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**Disposal:** (Circle one)

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<td>Undecided (send to histol pending decn)*</td>
<td>*=see previous page for detail</td>
</tr>
</tbody>
</table>

I have offered to arrange for further information regarding the sensitive management of pregnancy tissue following early pregnancy loss to be provided, if requested*

This procedure will involve (circle): General anaesthesia

The following leaflets have been provided (circle):

*Ectopic Pregnancy/ Laparoscopy/ Sensitive disposal arrangements*

## Statement of Previability:
I confirm that this pregnancy ended **before 24 weeks gestation and that there is no recognisable fetus in this tissue.** I have no reason to suspect that the duration of the pregnancy was shortened by any unlawful act.

## Health professional (Nurse, midwife or doctor) signature

Signed:…………………… Date:……………………

Name (PRINT)…………………… Job Title:……………………

## Patient signature consenting to the procedure

Signed:…………………… Date:……………………

Name (PRINT)……………………

## Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she can understand

Signed:…………………… Name (PRINT)…………………… Date:……………………

<table>
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<td>Patient Notes</td>
</tr>
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<td></td>
<td>3</td>
<td>EPAU</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Patient (if requested)</td>
</tr>
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</table>
DISPONIBILITÀ DI TESSUTO PREMATURO

*Disposizione:* (Circola uno)
- **Histologia e disposizione**
- **Dispersione solo (no histol)**
- **Histologia solo (no disposal)**
  - (Parte del paziente preleva tissuto dopo histol)*
- **No histologia o disposizione**
  - (Parte del paziente preleva tissuto immediatamente)*
- **Indeciso**
  - (Invia per histol a seconda di decisi)*

=*vedi sotto per dettagli

Ho spiegato che il tessuto rimovibile è probabilmente tessuto di gravidanza e offerto di organizzare ulteriori informazioni riguardo alla gestione sensibile di questo tessuto, se richiesto*

Il seguente foglio ha fornito (circolare): **Dispersione sensibile ai dispositivi**

**Conferma di previabilità:**

Confirmo che questa gravidanza ha terminato **prima di 24 settimane di gestazione e che non è presente un feto riconoscibile in questo tessuto**, o che questo è prodotti ripresi postnatali. Non ho ragione di sospettare che il leviamento della gravidanza sia stato modificato da un atto illegale.

**Signatura professionale (Infermiere, marinaio o medico)**

**Signature:**

Nome (PRINT)...........................................

**Nome (PRINT)...........................................

**Data.............................................

**Job Title...........................................

**Data.............................................

**Signatura:**

Nome (PRINT)...........................................

**Data.............................................

**Statement of interpreter (dove opportuno)**

Ho interpretato l’informazione superiore al paziente al meglio delle mie capacità e in un modo in cui penso lei capisca

**Signature:**

Nome (PRINT)...........................................

**Data.............................................

**Copies (tick):**

- 1 With histology request and specimen to pathology
- 2 Patient Notes
- 3 EPAU
- 4 Patient (if requested)
Important Notes
This consent form should be signed once the patient has had an opportunity to read the leaflet ‘Sensitive disposal arrangements and histopathology examination of fetal tissue’.

*If patient wishes to discuss disposal options later or to be informed of cremation service she should contact Early Pregnancy Clinical Nurse Specialist (020 3315 5070) within 1 month, after which (if not contact made) tissue will be examined and cremated. Women who choose to take tissue may be given it directly in a non-transparent sealed container.
**SURGICAL TERMINATION OF PREGNANCY**

Combined Consent for procedure and Sensitive Tissue Disposal

<table>
<thead>
<tr>
<th>Patient name (OR LABEL):</th>
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<td></td>
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<tr>
<td>Consultant:</td>
<td>Ward/department:</td>
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**Name of proposed procedure or course of treatment**

*Surgical termination of pregnancy:* operation to remove pregnancy from within the womb

**Any other planned procedure:**

I have explained the procedure to the patient, in particular, I have explained:

- The cervix (neck of the womb) will be dilated (opened) for the pregnancy tissue to be removed. If it is expected that it may be difficult to open the cervix, tablets or pessaries may be given first to make the cervix softer and the operation safer.
- The tissue removed from the womb will be sensitively cremated.

**Serious risks:**
- Significant tear of the neck of the womb (rare)
- Perforation of the womb, up to 5 in 1000 women

**Frequent risks:**
- Bleeding that lasts for up to 2 weeks is very common but heavy bleeding needing blood transfusion is uncommon (1–2 in 1000 women).
- Need for repeat procedure if all pregnancy tissue is not removed, up to 5 in 100 women.
- Pelvic infection, 3 in 100 women

**Any extra procedures which may become necessary during the procedure:**
- Laparoscopy (keyhole surgery) to investigate for any suspected injury, if there is perforation of the womb
- Laparotomy (open surgery) to repair any injury
- Other procedure (please specify)

The benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient have been discussed.

**Important Notes**

*If patient wishes to discuss disposal options later she should be offered the leaflet ‘Sensitive disposal arrangements and histopathology examination of fetal tissue’ and asked to contact the Early Pregnancy Clinical Nurse Specialist (020 3315 5070) within 1 month, after which (if not contact made) tissue will be cremated. Women who choose to take tissue may be given it directly following procedure in a non-transparent sealed container.*
## SURGICAL TERMINATION OF PREGNANCY
**Combined Consent for procedure and Sensitive Tissue Disposal**

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<th>Histology and disposal</th>
<th>Disposal only (no histol)</th>
<th>Histology only (no disposal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No histology or disposal (patient taking tissue immed)*</td>
<td>Undecided (send to histol pending decn)*</td>
<td></td>
</tr>
</tbody>
</table>

* = see previous page for detail

I have offered to arrange for further information regarding the sensitive management of pregnancy tissue to be provided, if requested*

This procedure will involve (circle): General anaesthesia/ local anaesthesia

The following leaflets have been provided (circle): Surgical Termination of Pregnancy

### Statement of Previability:
I confirm that this pregnancy ended **before 24 weeks gestation and that there is no recognisable fetus in this tissue.** I have no reason to suspect that the duration of the pregnancy was shortened by any unlawful act.

### Health professional (Nurse, midwife or doctor) signature

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (PRINT):</td>
<td>Job Title:</td>
</tr>
</tbody>
</table>

### Patient signature consenting to the procedure

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (PRINT):</td>
<td></td>
</tr>
</tbody>
</table>

### Statement of interpreter (where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she can understand

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Name (PRINT):</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Copies (tick):

<table>
<thead>
<tr>
<th>Copies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>With histology request and specimen to pathology</td>
</tr>
<tr>
<td>2</td>
<td>Patient Notes</td>
</tr>
<tr>
<td>3</td>
<td>EPAU</td>
</tr>
<tr>
<td>4</td>
<td>Patient (if requested)</td>
</tr>
</tbody>
</table>
PATIENT INFORMATION LEAFLET:
SENSITIVE DISPOSAL ARRANGEMENTS AND HISTOPATHOLOGY
EXAMINATION OF FETAL TISSUE

TO INSERT COPY OF PATIENT INFORMATION LEAFLET