

## 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.

\_\_\_\_ 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:** \_\_\_\_\_

**Signature of Clinician:** \_\_\_\_\_ **Date:** \_\_\_\_\_