

# CONSENT FOR LAMINARIA INSERTION FOR PREGNANCY TERMINATION

PLEASE  
INITIAL

\_\_\_\_\_ 1. **LAMINARIA** are narrow rods of sterile seaweed. They absorb moisture from the lower uterus and expand slowly; thereby dilating the cervix, and making the opening into the uterus larger.

\_\_\_\_\_ 2. **ONE** or more **LAMINARIA** are being inserted into my cervix today, for the purpose of dilating the cervix prior to a **PREGNANCY TERMINATION**.

\_\_\_\_\_ 3. I have been informed, and I understand that some of the possible risks and/or complications of the insertion of **LAMINARIA** are as follows:

- A. LACERATION OF THE CERVIX
- B. PERFORATION of the uterus
- C. HEMORRHAGE
- D. INFECTION
- E. SPONTANEOUS RUPTURE OF MEMBRANES
- F. SPONTANEOUS LABOR WITH NEED FOR THE PREGNANCY TERMINATION TO BE DONE ON AN EMERGENCY BASIS (“MIDDLE OF NIGHT”)
- G. POSSIBLE SPONTANEOUS DELIVERY OF THE FETUS AT HOME OR MOTEL
- H. EMERGENCY HYSTERECTOMY, STERILITY
- I. UP TO, AND including, DEATH

\_\_\_\_\_ 4. I have been informed that once the **LAMINARIA** have been inserted, the pregnancy termination process has begun. The laminaria cannot be removed if I should change my mind. I **must** return for the subsequent completion of the pregnancy termination procedure, and failure to return will markedly increase the risk of serious complications, and potentially death.

\_\_\_\_\_ 5. **IF** I do not return for the completion of the pregnancy termination procedure, as directed above; I hereby release Herbert Hodes, M.D. and Traci Nauser, M.D. from any and **ALL** liability.

\_\_\_\_\_ 6. **ALL** of the above information has been explained to me, and I have no further questions.

*I certify that I have read, initialed, and fully understand this consent form.*

**PRINT NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_