INFORMATION AND CONSENT TO SECOND TRIMESTER

TWO AND THREE STAGE

TERMINATION OF PREGNANCY/SURGICAL TREATMENT OF FETAL DEMISE

During early pregnancy (if not advanced beyond the 12th-15th week), abortion can usually be accomplished through the use of surgical instruments alone, as a one day procedure.

After that, for the second trimester, a **two-stage** procedure is frequently used. For this procedure, the patient is seen two times. The first day consists of dilating the cervix. The physician inserts into her cervix a small solid device called an osmotic dilator. It is made of a synthetic material and is about the size of a matchstick when inserted. One or more osmotic dilators may be used as necessary to dilate the cervix. Insertion generally takes 5-10 minutes with minimal discomfort. Prior to the osmotic dilator insertion, the patient is given appropriate instructions and once the osmotic dilator has been inserted she is allowed to leave the office.

During the interim period, the osmotic dilator absorbs moisture from the body and gradually expands to about three times its original size. In doing so it slowly and gently dilates and softens the cervix. Twelve to twenty-four (12-24) hours later, when the patient returns for her final visit, the patient will receive a dosage of Cytotec (Misoprostol) to assist in the dilation. After that, the physician removes the osmotic dilators inserted the previous day, and the termination is completed by emptying the uterus.

At the end of the second trimester, at 24 weeks, a **three-stage** procedure is more usually done, which requires two consecutive days of laminaria insertion with Digoxin used as the medication. The patient must then come in for a third visit, in which the termination is completed, on the final day, the patient will receive the dosage of Cytotec (Misoprostol) to assist in the dilation, after which the termination is completed by emptying the uterus.

A slightly greater risk is involved in the termination of pregnancy over twelve (12) weeks than in earlier abortion. However, the use of the two or three stage procedure may decrease the difference considerably. In the later pregnancy, the risk of infection or incomplete abortion is said to be greater. Also, there is somewhat more immediate blood loss, but not so much as to be a threat to the health of the woman. This procedure has less risk than delivery at term.

Osmotic dilator insertion is ordinarily a simple and quick procedure. Very infrequently, however, certain complications may arise. These complications may include infection, perforation of the cervix, spontaneous abortion and/or septic abortion. With the osmotic dilator in place, the patient may experience side effects including some cramping, bleeding, and/or watery discharge. Symptoms including contractions, expelling of laminaria, and/or ruptured membranes require immediate treatment. It is your responsibility to call the office or the after-hours emergency line immediately.

Once the osmotic dilator is inserted, it is mandatory that the patient returns to the facility for the second stage of the procedure within a 24-hour period from the previous day. Failure to return on time may result in complications such as infection, miscarriage, toxic shock syndrome or death. If the osmotic dilator is removed, but the second stage of the procedure is not complete, there is an increased risk of spontaneous abortion.

_____ **Any complication resulting from failure to return within 24 hours each day is my responsibility and not that of the doctor involved. I will be responsible for any medical costs or physical damages I incur as a result of my actions. I hereby release Dr. Michael Benjamin and staff for any harmful consequences, which may result from these actions.**

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Staff Witness Name	Staff Witness Signature	Date

CONSENT FOR INSERTION OF OSMOTIC DILATORS (STAGE ONE)

I, _____, have been informed that laminaria will be used to facilitate the dilation of my cervix as the first and/or second stage in terminating my current pregnancy. I have been provided an antibiotic, with instructions, as a precautionary measure as well as pain medication for comfort. I understand that I must return at the time scheduled and that the laminaria must be removed within twenty-four (24) hours of insertion due to risk of infection. I am also aware that once inserted, there is substantial risk to myself and my current fetus should I decide NOT TO PROCEED with termination of my current pregnancy. I affirm that all aspects of this procedure including risks have been fully explained to me and that all of my questions have been answered to my complete satisfaction. By signing below, I state that I fully understand of the information that has been provided to me both verbally and written in regard to this procedure. If I fail to return to the provider(s)/facility above as scheduled or if I choose not to terminate my current pregnancy after insertion of laminaria, I release all parties noted above form any and all liability resulting from my decisions and/or actions. I hereby request and consent to proceed with insertion of laminaria to terminate my current pregnancy.

I will **NOT** be traveling farther than **45 minutes** away from the clinic and I will be staying at: ☐ _____

☐ **I need a hotel**

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Staff Witness Name	Staff Witness Signature	Date

Three Day Procedures Only

CONSENT FOR INSERTION OF OSMOTIC DILATORS (STAGE TWO)

I, _____, have been informed that laminaria will be used to facilitate the dilation of my cervix as the first and/or second stage in terminating my current pregnancy. I have been provided an antibiotic, with instructions, as a precautionary measure as well as pain medication for comfort. I understand that I must return at the time scheduled and that the laminaria must be removed within twenty-four (24) hours of insertion due to risk of infection. I am also aware that once inserted, there is substantial risk to myself and my current fetus should I decide NOT TO PROCEED with termination of my current pregnancy. I affirm that all aspects of this procedure including risks have been fully explained to me and that all of my questions have been answered to my complete satisfaction. By signing below, I state that I fully understand of the information that has been provided to me both verbally and written in regard to this procedure. If I fail to return to the provider(s)/facility above as scheduled or if I choose not to terminate my current pregnancy after insertion of laminaria, I release all parties noted above form any and all liability resulting from my decisions and/or actions. I hereby request and consent to proceed with insertion of laminaria to terminate my current pregnancy.

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Staff Witness Name	Staff Witness Signature	Date

CONSENT TO PERFORM AMNIOCENTISIS WITH INJECTION OF DIGOXIN: PREGNANCY TERMINATION

I, _____, provide authorization and consent to Michael Benjamin MD, or another physician designated by him, to perform an amniocentesis with injection of Digoxin. It has been explained to me that the purpose of this procedure is to stop the fetal heart and surgically terminate my current pregnancy as planned. It has also been explained to me that with any surgical procedure but not limited to infection, hemorrhage, and damage to surrounding organs or death.

Any complication of this procedure may result in the need for emergency transport to an area hospital and need for immediate surgical intervention other than the surgery currently planned. I provide my authorization and consent to any transport and treatment deemed necessary for my well-being as determined by Michael Benjamin MD, or another physician as recommended.

I confirm that I have read this consent and had all of my questions answered to my full understanding and complete satisfaction, and request and consent to proceed with the procedure above and release Michael Benjamin MD, or any agent acting on his behalf from any and all liability.

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Staff Witness Name	Staff Witness Signature	Date

Michael J. Benjamin, M.D.
7777 N. University Drive, Suite 102
Tamarac, FL 33321
(954) 720-7777

Cytotec (Misoprostil) Consent

Please place your initials on each line below

_____ I understand the purpose of Cytotec is to soften and dilate my cervix for the purpose of facilitating the completion of the termination of pregnancy by surgical abortion.

_____ I understand that a medicine called Cytotec (Misoprostil) will be used to assist in the process of softening and opening my cervix. Although this medicine is widely used by abortion clinics worldwide, it is NOT approved for this purpose by the U.S. government. It is approved for treating stomach ulcers, and has been well studied. This type of "off label use" is legal and widely accepted for various medications.

_____ I understand that Cytotec may cause the following side effects:

- Cramping
- Vaginal Bleeding
- Diarrhea
- Headache
- Fever

_____ I understand that once the Cytotec is administered, the abortion procedure must be completed and failure to do so could cause birth defects.

_____ I understand that Cytotec is not always 100% effective and it may be necessary to have Osmotic Cervical Dilators (Laminaria or Dilapan) inserted. The dilators remain in place overnight and the procedure will be completed the following day.

_____ I understand and consent to treatment by use of Cytotec.

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Staff Witness Name	Staff Witness Signature	Date

Authorization for the Release of Fetal Tissue

(Do not sign if you are using a Funeral Home)

In accordance with **Section 383.33625 of the Florida Statutes**, all remains will be handled and disposed according to the guidelines of the state law. Your signature below authorizes our physicians to dispose of fetal remains under the terms customarily used.

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Staff Witness Name	Staff Witness Signature	Date

Request to Release Specimen for Genetic Testing

This requires that your OB-GYN provide a Completed Lab Requisition IN ADVANCE

_____ I have chosen to have a genetic study performed on this pregnancy. I have provided a completed lab form from my physician for this purpose. I release Dr. Benjamin, M.D., and any staff from any liability in the handling and/or results that may be attained or the viability of the specimen to provide a result.

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Staff Witness Name	Staff Witness Signature	Date