

Tucson Women's Center
www.tucsonwomenscenter.com

INTAKE FORM

Today's Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Zip Code: _____ City/State: _____

Home Telephone #: _____ Cellular: _____ Pager: _____

Have you been to our office before? Yes / No May we contact you at any of these numbers? Yes / No

If No, How can we reach you? _____

E-Mail: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Patient Status: Married (1): _____ Single (2): _____ Other (4): _____

Widowed (5): _____ Separated (6): _____ Divorced (7): _____

Referred By: Yellow Pages _____ Internet _____ Friend _____ Dr. _____ Former Patient _____ Other _____

Primary Care Physician: _____

Employment Status: Full Time (1): _____ Part Time (2): _____ Retired (3): _____ Unemployed (4): _____

Full Time Student (5): _____ Part Time Student (6): _____

Employer's Name: _____ Work Phone #: _____

Address: _____ City/State/Zip Code: _____

Emergency Contact: Last Name: _____ First Name: _____

Relationship: _____ Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____

* You will be charged for any services rendered to you today.

** There is a \$25.00 medical record copy fee. Allow 2 weeks for copies of medical records. There is no charge to fax or mail medical records to other physician's.

*** There is a \$25.00 charge for appointments not cancelled with a 24-hour notice AND if you are more than 15 minutes late.

**** Tucson Women's Center makes no representations or warranties regarding the quality of services at any facility/provider we refer you to and do not guarantee successful treatment.

Signature: _____

Date: _____

Tucson Women's Center

5240 East Knight Drive, Suite #112, Tucson, AZ 85712 PHONE: (520) 323-9682

www.tucsonwomenscenter.com

A new Arizona law requires your physician to perform an ultrasound on patients prior to performing an abortion, as well as perform auscultation of the fetal heart tones. The law also requires your physician to offer you an opportunity to view the ultrasound image, listen to the fetal heartbeat, if it is audible, offer to provide you with an explanation of the ultrasound image, and offer to provide you with a picture of the ultrasound image. The new law requires patients to indicate whether they opted to view the ultrasound image and hear the heartbeat of the fetus. We will retain this form in your medical records.

CERTIFICATION OF OPPORTUNITY TO VIEW ULTRASOUND
IMAGE AND HEAR FETAL HEARTBEAT

I, _____ (patient name), certify that, at least one hour prior to my abortion, I was given the opportunity to view the active ultrasound image and hear the heartbeat of the fetus if the heartbeat is audible.

I do not wish to see or hear the fetal heart beat

Ultrasound image:

I opted to view the ultrasound image.

I opted not to view the ultrasound image.

Fetal heartbeat:

I opted to hear the fetal heartbeat.

I opted not to hear the fetal heartbeat.

Patient Signature: _____ Date: _____

I understand that if I do not cancel my surgical or medical appointment prior to my appointment time **I will be charged a \$25.00 no show fee and \$100.00** for services rendered today.

Patient Signature: _____ Date: _____

Are you planning on leaving town?

Yes

No

If so when: _____

Will you be available to return back to our office
in Six (6) weeks for follow-up?

Yes

No

Signature: _____

Date:

1A

Previous Surgery(ies)?	YES / NO
If yes, type & year?	
Previous Blood Transfusions?	YES / NO
If yes, reason & month/ year?	
Any Drug Allergies?	YES / NO
If yes, please name drug & type of reaction?	
Any Reactions to Anesthesia, Novacaine or Iodine?	YES / NO
If yes, please name drug & type of reaction?	
Are You Presently Taking Medication?	YES / NO
If yes, please name medications currently taking?	
Have You or a Partner Been Diagnosed with HIV?	YES / NO
Do You Smoke?	YES / NO

Please Check (✓) All that Apply to You (and have been diagnosed by a Physician)

- ◆ History of Asthma _____
- ◆ Bleeding Tendency _____
- ◆ Breast Lump or Tumor _____
- ◆ Blood Clots in Legs _____
- ◆ Diabetes _____
- ◆ Epilepsy (Seizures) _____
- ◆ Heart Disease _____
- ◆ Gonorrhea/ Syphilis _____
- ◆ High Blood Pressure _____
- ◆ Kidney Infection _____
- ◆ Bladder Infection _____
- ◆ Migraine Headaches _____
- ◆ Psychiatric Illness _____
- ◆ Rheumatic Fever _____
- ◆ Sickle Cell Anemia _____
- ◆ Mitral Valve Prolapse _____
- ◆ Pelvic Infection _____
- ◆ Hepatitis _____

Month & Year ____ / ____

What medication do you take for your migraines? _____

Who is your mental healthcare provider? _____

(name) (tel. number)

Month & Year ____ / ____

Month & Year ____ / ____

Details (Occurrence & any Reoccurrence): _____

OTHER: _____

To the best of my knowledge the above information I have given is complete and accurate.

Patient Signature _____ Date: _____

Tucson Women's Center

5240 East Knight Drive, Suite #112, Tucson, AZ 85712 PHONE: (520) 323-9682

www.tucsonwomenscenter.com

REQUEST FOR FIRST or SECOND TRIMESTER ABORTION

Patient Name: _____ Date: _____

Date of Birth: _____

Before you give your consent, be sure you understand the information we have given you. If you have any questions as you read, we will be happy to discuss them with you. Remember that your consent is entirely voluntary. You may request a copy of this form.

Place your initials after each statement to indicate that you have read, understand and agree with the statement.

INITIALS

1 I understand that my three options regarding this pregnancy are parenthood, adoption, and abortion. The other alternatives regarding abortion include referral for an abortion under general anesthesia or an abortion in a hospital, now or later in my pregnancy. _____

2 I understand that the financial responsibility for emergency medical care not provided at Tucson Women's Center is my own. Even if TWC refers me to a hospital because of a complication, it will be my responsibility to arrange payment of necessary fees, and **not the responsibility of Tucson Women's Center**. The hospital that Tucson Women's Center admits to: University Medical Center (UMC). _____

3 Although I am _____ weeks beyond my last menstrual period and I have had a positive urine pregnancy test, I understand that it is possible for pregnancy tests to be inaccurate. I am aware that the doctor will use his/her best judgment in diagnosing the pregnancy, but there is a very small possibility of having this procedure performed in the absence of a pregnancy. _____

4 I understand that the risks of early abortion are less than those of childbirth, but even with the most careful medical care before, during and after the abortion, there are possible complications. The potential complications are listed below. _____

5 I understand that there is a 1 in 100 chance that an infection of the uterus will develop after the abortion. While this problem is routinely treated with antibiotics, there is a small chance that a repeat aspiration, a D&C, hospitalization or even surgery may be necessary. _____

6 I understand that in approximately 1 of 100 cases, tissue is left inside of the uterus, leading to an "incomplete" abortion. This problem may lead to excessive bleeding, infection or both. If this complication occurs, I could require a repeat aspiration or a D&C in a clinic or hospital, or other tests or treatment. _____

7 I understand that there is about a 1 in 500 chance that the uterus will be perforated (an instrument may go through the wall of the uterus and could damage internal organs such as intestines, bladder, or blood vessels). Treatment may consist of observation, laparoscopy, or abdominal surgery. The likelihood of hysterectomy (removal of the uterus) in this setting is less than 1 per 10,000 abortions.

I understand that other risks include:

8 Allergic reaction, which can be due to an allergy to the local anesthetic or any other medication(s) used. All medicines and drugs, including street drugs, may cause serious reactions alone or during anesthesia. It is important that you use only medically necessary drugs and avoid alcohol or other non-prescription drugs on the day of the abortion and that you tell the clinicians about all drugs you have taken;

9 Hemorrhage (excessive bleeding), which may require treatment by medications, repeat aspiration, D&C, or rarely, surgery, including possible hysterectomy. Hemorrhage severe enough to require transfusion occurs in less than 1 per 1000 cases;

10 Blood clots in the uterus, which may cause severe cramping and abdominal pain. The risk is about 1 in 100 cases and treatment is a repeat aspiration;

11 Cervical tear, in less than 1 in 100 cases, which may be treated with medicines, or rarely, stitches in the cervix;

12 Failure to end the pregnancy, which occurs in 1 per 500 cases and may be due to a divided uterus, very early pregnancy, or other causes. Another aspiration procedure is recommended when this happens. A tubal (ectopic) pregnancy is not ended by abortion and may require an abdominal operation to remove;

13 An emotional reaction after the abortion. Emotional problems after abortion are uncommon, and when they happen, they usually go away quickly. Most women report a sense of relief, although some experience depression or guilt;

14 Serious psychiatric disturbances after abortion appear to be less frequent than after childbirth;

15 Impact on future pregnancies, which is unlikely with uncomplicated early abortions.

16 Death, which occurs in less than 1 per 100,000 abortions. This should be compared with the risk of death from a full-term pregnancy and childbirth, which is seven times greater than that from early abortion.

- 17 I understand that Misoprostil is a drug used in the U.S. to prevent irritation or ulcers in the stomach of people using aspirin or aspirin-like medicines. _____
- 18 I understand that Misoprostil has the added effect of softening the cervix or mouth of the uterus, making it easier to open prior to an abortion. _____
- 19 I understand that Misoprostil can be used in combination with cervical dilators to end my pregnancy. _____
- 20 I understand that by taking Misoprostil, I am purposely trying to end my pregnancy. _____
- 21 Although Misoprostil is safe and effective, it has NOT been approved by the FDA for this purpose. _____
- 22 I understand that an osmotic dilator is a device used to stretch the cervix open slowly. It is used so that the cervical canal will be open wide enough to allow the use of instruments necessary to perform an abortion safely. _____
- 23 I understand that an osmotic dilator may be needed to complete my procedure. _____
- 24 I understand that the insertion of an osmotic dilator is the beginning of the abortion procedure, and for that reason, I must remain at Tucson Women’s Center or return at the agreed-upon time so that it can be removed and the abortion performed. I understand that a serious infection may develop if the osmotic dilator is not removed on time. _____
- 25 I understand that if I change my mind and decide not to receive the abortion, the osmotic dilator must be removed in the office. If the dilator is removed and the pregnancy is allowed to continue, there is a possibility of bleeding, infection or miscarriage. _____
- 26 I understand that most women who receive osmotic dilators will experience uterine cramps similar to a menstrual period. I have been advised that I will be given a prescription for medication that may help relieve the cramping. _____
- 27 I understand that once the osmotic dilator is inserted, and I have heavy vaginal bleeding, I should call the emergency number. The gauze or dilator may fall out of my vagina and this is all right. I need to inform Tucson Women’s Center of this on the day of my procedure. _____
- 28 I have read the above information and request that an osmotic dilator be inserted to begin my abortion procedure, if necessary. _____

29 The potential complications have been explained to me in the consent form and the information sheets I have received and I understand what they mean. No guarantee has been made to me as to the results that may occur from this procedure and I am aware, based on the information and of the explanation that I have received, of the risks involved in an abortion and of the possible complications.

30 I have received from Tucson Women’s Center information sheets containing detailed information on the nature and purpose of an abortion, the risks involved and the possibility of complications. I have read the information sheets and understand. I have also received post- operative instructions with these information sheets.

31 I have provided Tucson Women’s Center with an accurate phone number and address where I can be reached, with the understanding that Tucson Women’s Center will respect my privacy.

32 I have provided Tucson Women’s Center with an accurate phone number and address where I can be reached, with the understanding that Tucson Women’s Center will respect my privacy.

33 I hereby request that a doctor authorized by Tucson Women’s Center perform an abortion under paracervical block anesthesia (local anesthetic that numbs the cervix).

34 I also consent to have a vaginal or abdominal ultrasound performed in order to determine a more accurate number of weeks I may be.

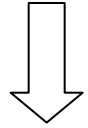
35 In the event of an unexpected complication during the abortion procedure, I request and authorize the doctor to do whatever is necessary to protect my health and welfare.

36 I hereby give my permission to the employees of Tucson Women’s Center and others authorized by them to use information contained in my medical record for statistical purposes, with the understanding that confidentiality will be maintained.

37 I hereby consent for a licensed person (RN, LPN, Physician) to contact me via phone 24 hours post procedure. **You may decline this phone call if you so choose. If you decline please note decline with your initials in the initial column. You must write down decline if you do not wish to receive a follow up phone call, because we will call if it is not documented.**

38 Do **NOT** engage in any type of vaginal sexual relations for SIX (6) weeks.

39 I understand that the hospital that Tucson Women's Center admits to: University Medical Center (UMC) and I am responsible for any additional medical fees I could incur in an emergency situation. I understand that if I feel it is an emergency, I need to contact the person on call prior to going to the emergency room and I fully understand that I am responsible for any extra medical fees that I may incur. I also understand that if I have insurance, and I am having an emergency situation, I should go to the hospital facility in my network in order to receive coverage.



INITIALS

Patient Signature: _____ Date: _____

AND/OR

Signature of Parent/Guardian: _____ Date: _____

I witness the fact the patient received the above-mentioned information and said she read and understood the same.

Staff Witness Signature: _____ Date: _____

REQUEST FOR ONE FREE CYCLE OF ORAL CONTRACEPTIVES OR NUVARING.

INITIALS

40 I request the provision of one cycle of oral contraceptives with the understanding that **no** further provisions will be made until I return for my follow up visit. _____

41 I have received information from Tucson Women's Center regarding the various types of birth control methods and medically recognized benefits and risks. I have read the information and understand. I have had my questions answered to my satisfaction and I have decided to request one pack of birth control pills at this time. _____

42 I understand the benefits, risks and side effects of the Pill. I have been informed of the Pill's warning signs and agree to call Tucson Women's Center should any occur. _____

Patient Signature: _____ Date: _____

REQUEST FOR SEDATION

INITIALS

This is a request for sedation. Please read, initial and sign the following:

43 I understand that I should not drive for twenty-four hours. _____

44 Someone is waiting in the lobby of this office and will be here the entire time that I am. _____

Name of ride: First Name: _____

Last Name: _____

45 If my ride does not remain in the office, I will not be able to receive any sedation and I may have to reschedule my appointment for another time if I want to receive sedation. _____

46 I have had sedation explained to me and I have read the information sheet on sedation. I understand that every type of sedation has certain risks and possible complications. These include, but are not necessarily limited to: allergic reactions; damage to or failure of the heart, lungs, liver, kidneys and/or brain; phlebitis (infection of the vein); death. _____

47 I understand that sedation may change into deep sedation and/or loss of consciousness due to the particular drugs or sedatives given, as well as my own physical condition and my own use of or sensitivities to drugs or sedatives. _____

48 I have not taken any prescription medicines that can cause sleepiness, or taken any street drugs or alcohol in the past 24 hours. _____

49 I understand that after I have this sedation today, I should not use alcohol, operate dangerous machinery or make any important decisions for twenty-four hours. _____

50 I have had all my questions answered; I request that sedation be provided to me. _____

Patient Signature: _____ Date: _____

CERTIFICATION THAT ABORTION IS NOT BEING PERFORMED ON THE BASIS OF SEX OR RACE

I certify that my decision to have an abortion is not based on the sex or race of the fetus, the race of the father, or my own race. I further certify that the abortion is not being financed because of the sex or race of the fetus. _____

Patient Signature: _____ Date: _____

Tucson Women's Center

5240 East Knight Drive, Suite # 112, Tucson, AZ 85712 PHONE: (520) 323-9682

There is a \$25.00 medical record copy fee. Allow 2 weeks for copies of medical records. There is no charge to fax or mail medical records to other physician's.

Authorization to Release Medical Information / Consentimiento Para Divulgar Informacion Medica

PATIENT INFORMATION / INFORMACION DEL PACIENTE:

Name / Nombre: _____ Birthdate/ Fecha de Nacimiento: _____

Address / Domicilio: _____

City / Ciudad: _____ State / Estado: _____ Zip / Zona Postal: _____

Other Name used While a Patient Here / Otros Nombres suyos Mientras Sea Paciente Aqui: _____

Approximate date of Last Medical Visit / Fecha Aproximada de su Ultima Cita Medica: _____

Where Records are to be Sent: Dr. William Richardson and/or _____

(Address): 5240 E. Knight Drive, Suite 112

(City / State / Zip): Tucson, Arizona 85712

(Fax): 520-323-9689

(Phone): 520-323-9682

INFORMATION REQUESTED/ INFORMACION SOLICITADA:

PATIENT TO INITIAL AREAS TO BE RELEASED / INDIQUE CON SUS INICIALES LAS AREAS QUE DESEA DIVULGIAR:

History & Physical / Historia-Fisico: _____

Progress Notes / Nota Clinica: _____

Lab Results / Resultados de Laboratorio: _____

Colposcopy / Colposcopia: _____

Other / Otro: _____

I understand the authorization will expire 180 days after the date of signature.
(Comprendo que esta autorizacion se vence 180 dias despues de la fecha de firma)

SIGNATURES / FIRMAS

Star icon, Patient / Paciente, Date of Signature: _____ (Fecha de firma)

Legally Authorized Representative / Representante Legal, Date Of Signature: _____ (Fecha de firma)

Witness / Testigo, Date of Signature: _____ (Fecha de firma)

Tucson Women's Center

5240 East Knight Drive Suite # 112, Tucson, AZ 85712

PHONE: (520) 323-9682

Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a Notice of Privacy Practices that contains a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notice and practices and that I can request a copy of any revised notice to sent to the address I've provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon.

I request the following restrictions to the use or disclosure of my health information:

Signature of Patient or Legal Representative Witness

Date Notice Effective Date or Version

_____ Accepted _____ Denied

Signature _____ Date: _____

ON SALE HERE FOR ONLY
~~\$71.00~~
\$44.00

THE MORNING AFTER PILL
EMERGENCY CONTRACEPTIVE
PLAN B
BUY IT TODAY!

This is your personal identification number, you will be called back by this number _____.

For security purposes, you will also need this number when you call our office.

Ask about our new
Medical Weight Loss Program

Tucson Women's Center
 5240 East Knight Drive, Suite #112 Tucson, Arizona 85712
 Office: (520) 323-9682 Fax: (520) 323-9689
www.TucsonWomensCenter.com

- ❖ Depending on gestational age, medications and the post-operative visit is included in the price:

5.0-11.6 weeks	\$480.00	15.0-15.6 weeks	\$1,090.00
12.0-12.6 weeks	\$750.00	16.0-16.6 weeks	\$1,170.00
13.0-13.6 weeks	\$820.00	RU486- up to 9.0 wks	\$420
14.0-14.6 weeks	\$920.00		
- ❖ RHOGAM is an extra charge: Mini \$60.00 (5.0-13.6 weeks) - Full \$100.00 (14.0-14.6 weeks)
- ❖ Method of Payment: Cash, Visa, MasterCard, American Express, Discover (NO CHECKS or MONEY ORDERS)
 Credit card must be presented at the time of the transaction and a valid government issued picture ID with the same name that is on the credit card
- ❖ DO NOT EAT OR DRINK 4-HOURS BEFORE PROCEDURE
 (no water, gum, juice-nothing in the mouth 4 hours before the procedure)
- ❖ No smoking 4 hours before the procedure
- ❖ If you will be requesting sedation, you should abstain from use of alcohol or other drugs for 24 hours prior to the procedure. Continue to use prescriptions drugs, as instructed by your physician
- ❖ Wear loose fitting, comfortable clothes and slip-on shoes. Remember to wear underwear the day of your appointment.
- ❖ No children are allowed in the office
- ❖ Due to limited seating in our lobby, please only bring one other person with you to your appointment
- ❖ You must have a ride home – Ride must be available prior to sedation. Your ride may not leave the office for any reason Although we will try to have you in and out of our office in 1 ½ - 2 hours, plan on being in the office 3 hours
- ❖ Your family/friends cannot accompany you during the procedure
- ❖ When you go back to work depends on how far along you are
 But plan on being off work for 48-72 hours after your procedure
- ❖ No traveling 72 hours after your procedure
- ❖ Valid government issued Picture ID is required at the time of your appointment

Thoughts on Fetal Development

Tucson Women's Center is unique in its approach to reproductive health. We offer services to women who intend to carry their pregnancy to term, women who wish to end their pregnancies, and women who are undecided. No matter which group you are in, understanding fetal development is important.

Women who plan to carry to term are always interested to explore the progress of fetal development. For women considering abortion, fetal development can also be very important in establishing when or if to terminate. It is for these reasons that TWC is currently developing educational materials that discuss fetal development at various stages of pregnancy. For now, we would like to briefly touch on issues of fetal development in the first trimester. This discussion is geared more towards women who have NOT made a decision on whether to continue their pregnancy to term.

Women who are considering termination generally have questions that fall into 3 main categories: 1) Is there a heartbeat? 2) What is the actual size of the fetus? 3) To what extent are the various organ systems developed?

THE HEARTBEAT

Because of technical advances, the answer to the question of when a heartbeat can be seen has changed over the years. When women asked this question 20 years ago, the answer was 9-10 menstrual weeks*. Now the answer is closer to 6-7 weeks. Who knows what the answer will be 20 years from now? For women who are factoring in the presence of a heartbeat into their thinking, it is important to note the changing status of our technology and how it might impact the answer to this question now and in the future.

FETAL SIZE

From the medical standpoint, measuring the size of the pregnancy is done in order to estimate gestational age (or more commonly, how far along). From the patient perspective, measuring the pregnancy helps to complete the mental picture of what is going on. The methods used to measure the fetus become increasingly more elaborate as the pregnancy progresses. In the first trimester, the measurements used are:

- Gestational sac size (GS) which is a measure of the sac in which the fetus resides. This measurement is most often used between 4-6 weeks
- Crown-rump length (CRL) which is essentially an end to end measurement of the fetus. As development progresses, it is the distance from the top of the fetal head to the "rump" (excluding lower limb development). This measurement is most often used from 6-12 weeks
- The biparietal diameter (BPD) which is a side to side measurement of the fetal head. This measurement is most often used between 12-14 weeks.

It is important that you learn to speak the same language of your provider when discussing fetal size to avoid misinformation. The chart below contains fetal sizes using these three types of measurements.

MEASUREMENT TYPE	MEASUREMENT (cm)	WEEKS
GS	.56	5
GS	1.34	6
CRL	.97	7
CRL	1.66	8
CRL	2.37	9
CRL	3.05	10
CRL	4.03	11
BPD	1.46	12
BPD	1.92	13
BPD	2.42	14

ORGANOGENESIS

This term refers to the process by which organs develop. A full discussion of this topic is beyond the scope of this essay, but there is one landmark worth noting. Most medical practitioners believe that organogenesis is completed in the 12th week. That means that the fetus at twelve weeks is essentially similar to a term infant, but in miniature.

One of the topics that arise during a discussion like this is whether the fetus has developed to a point that it feels pain. For every person that believes that the fetus does not feel pain, there is someone who believes that it does. For that reason, it is the position of TWC that this question can not be answered with certainty.

We hope that you have found this essay helpful and we encourage you to contact a staff member if you have any other questions.

* The medical community uses menstrual weeks when discussing the length of pregnancy. For example, if the first day of your last menstrual period was January 1st, and you had intercourse on January the 14th and became pregnant, then on February the 1st, you are 4 weeks (and a few days) pregnant, NOT 2 weeks pregnant. Providers use this system because most women remember when they had a period but do not always know exactly when they conceived.

Tucson Women's Center

5240 East Knight Drive, Suite #112, Tucson, Arizona 85712

Phone: (520) 323-9682

www.tucsonwomenscenter.com

DECIDING TO HAVE AN ABORTION

Deciding to have an abortion may be a difficult and emotional decision for you.

We, the entire staff of Tucson Women's Center, are here to help make this time in your life easier for you and the people with you today.

Did you know that---

- Women can get pregnant for approximately 36 years of their lives? (example: ages 13 to 49)
- Women spend $\frac{3}{4}$ of these years trying not to get pregnant? (about 24 years)
- In over $\frac{1}{2}$ of unplanned pregnancies, the woman was using birth control-- **AND IT FAILED?**
- A typical woman discontinues using a method of birth control nearly 10 times over her lifetime and experiences about 2 contraceptive failures?
- A sexually active teenager who doesn't use birth control has a 90% chance of getting pregnant within one year?

Please consider returning to our office for continuing yearly care. Our Doctor, William H. Richardson, MD has been helping women choose the most appropriate method of birth control for them for over 15 years. Yearly exams with Dr. Richardson are scheduled by appointment Monday through Friday.

PATIENT RIGHTS

- ❑ **The patient has the right** to a reasonable response to his/her requests and needs for treatment of service within the health care provider's capacity, stated mission and applicable laws and regulations.
- ❑ **The patient has the right** to considerate and respectful care that recognized his/her personal values and belief system.
- ❑ **The patient has the right** in collaboration with his/her physician to make decisions involving his/her health care, including the right to accept medical care, or to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of such refusal.
- ❑ **The patient has the right** to information necessary to enable him/her to make treatment decisions that reflect his/her wishes.
- ❑ **The patient has the right** at the time of admission to know about the Patient Right's Policy.
- ❑ **The patient has the right** at the time of discharge or transfer to know about the continuing health care that may be required.
- ❑ **The patient has the right** to participate in the consideration of ethical issues that arise in his/her care.
- ❑ **The patient has the right** to be informed of any human experimentation or other research/educational projects affecting his/her care or treatment.
- ❑ **The patient has the right** within the limits of the law, to personal privacy and confidentiality of information.
- ❑ **The patient is entitled** to have privacy during examinations, to have visitors excused and to be informed why any observer is present.
- ❑ **The patient has the right** to grant or refuse another person's presence. Patient medical records are private and only authorized persons or agencies are allowed to see those records.
- ❑ **The patient has the right** to sign an advance directive such as a living will.
- ❑ **The Patient's guardian, next of kin, or legally authorized responsible person, has the right** to exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient has been adjudicated incompetent in accordance with law, is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his/her wishes regarding treatment, or is a minor.
- ❑ **The patient has the right** to expect an explanation of any portion of the bill. Where appropriate, clinic staff will assist the patient in making arrangements for payment of the bill through a payment schedule or assistance program.

PATIENT RESPONSIBILITIES

- ❑ **The patient has the responsibility** to provide a complete and accurate medical history to the best of his/her knowledge.
- ❑ **The patient has the responsibility** to participate in decisions involving his/her health care.
- ❑ **The patient has the responsibility** to ask questions and seek clarification about his/her diagnosis and course of treatment.
- ❑ **The patient has the responsibility** to make it known whether the proposed course of treatment is understood, whether those things expected of the patient are understood and whether he/she is able and willing to comply.
- ❑ **The patient has the responsibility** to provide information about complications or symptoms.
- ❑ **The patient has the responsibility** to be considerate of rights of other patients, clinical personnel and property.
- ❑ **The patient has the responsibility** to provide accurate and timely information about his/her sources and amounts of personal income and general financial situation, as it affects the patient's eligibility to receive benefits under assistance programs.
- ❑ **The patient has the responsibility** to pay any balance of the current bills which are not covered by a private insurance program, Medicare, Medicaid, or sliding fee scale, including that for any future medically necessary and continuing care required after current funds have been depleted.

MODEL NOTICE OF PRIVACY PRACTICES LANGUAGE

- I. "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."
- A. Uses and disclosures.
1. Example of uses/disclosures
 - a. Emergency Treatment
 - b. Bill Collection
 - c. Tucson Women's Center may contact the individual to provide appointment reminders or information about treatment plans.
 2. If we receive a request for medical records from a legal representative, or if patient threatens legal action, we may provide PHI to our legal representative.
 3. If a use or disclosure for any purpose described in paragraphs A1 or B of this section is prohibited or materially limited by other applicable law, the description of such use or disclosure will reflect the more stringent law as defined in § 160.202.
 4. Other uses and disclosures will be made only with the individual's written authorization and that the individual may revoke such authorization as provided by § 164.508(b)(5).
- B. Individual rights. The notice must contain a statement of the individual's rights with respect to protected health information and a brief description of how the individual may exercise these rights, as follows:
1. The patient may request restrictions on certain uses and disclosures of protected health information as provided by § 164.522(a), TWC is not required to agree to a requested restriction;
 2. The patient has the right to receive confidential communications of protected health information as provided by § 164.522(b), as applicable;
 3. The patient has the right to inspect and copy protected health information as provided by § 164.524;
 4. The patient has the right to amend protected health information as provided by § 164.526;
 5. The patient has the right to receive an accounting of disclosures of protected health information as provided by § 164.528; and
 6. Patient's who review the notice electronically may request a paper copy in accordance with § 164.520(c)(3).
- C. TWC duties. The notice must contain:
1. TWC is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information;
 2. TWC is required to abide by the terms of the notice currently in effect; and
 3. In accordance with § 164.530(i)(2)(ii), TWC reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. Changes will be made to patients information packet.
- D. Complaints. Individuals may complain to the TWC if they believe their privacy rights have been violated by contacting Dr. Richardson (Medical Director) or Elizabeth Ibarra (Office Manager). The patient will not be retaliated against for filing a complaint.
- E. Effective date. This notice is in effect as of
- F. Revisions to the notice. TWC must promptly revise and distribute its notice whenever there is a material change to the uses or disclosures, the individual's rights, the covered entity's legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice will not be implemented prior to the effective date of the notice in which such material change is reflected.

FACTS ABOUT EARLY ABORTION

The safest method for the performance of an early abortion is a surgical procedure called vacuum aspiration. This procedure ends an early pregnancy by gently suctioning the lining of the uterus and removing all of the tissues of the pregnancy. Tucson Women's Center offers this method of abortion through the 12th week of pregnancy, counting from the first day of the last menstrual period. This sheet will give you more information about the procedure and will explain each of the risks involved. Please remember that a Tucson Women's Center staff member is available to answer any questions or concerns that you may have before, during, and after your visit.

Before the Abortion

Once you check in at Tucson Women's Center, you will be asked to complete a medical history form and other paperwork. A counselor then will spend some time with you to explain the procedure, obtain your written consent, and answer any questions that you may have. A number of tests will be done, a finger-prick blood test to check your Rh type and to make sure that you are not anemic. Various medications for pain relief will be discussed and offered to you in order to make you more comfortable during the procedure.

A little later, the doctor will go over your medical history and will examine your heart and abdomen. After a routine pelvic exam to check the size of your uterus, other tests may be performed. The physician will require a vaginal ultrasound examination prior to performing the procedure. The ultrasound more accurately determines the age of the pregnancy. When done, there may be an extra charge for this service. The final decision as to whether the abortion will be performed in the clinic will depend on your medical history, your physical examination, and the results of your laboratory tests.

The Abortion Procedure

To begin the abortion, the doctor will give you a local anesthetic (numbing medicine) in your cervix, which will make the procedure more comfortable. The next step is to stretch gradually the opening of the cervix with a series of narrow instruments called dilators, each a little larger than the one before. When the cervix is open wide enough, a small plastic tube is inserted into the uterus and is connected to a suction machine. The tube is moved along the inside of the uterus for 40-50 seconds in order to remove all of the pregnancy tissue with gentle suction. During and after the procedure, you may feel cramping as the uterus shrinks down to its normal size. Immediately after the procedure, the doctor will examine the pregnancy tissue to check whether it has been removed completely. The entire procedure takes approximately 3 minutes to complete.

After the Abortion

A short time after the abortion, you will be taken to the recovery area for a rest and observation period. You will be given follow-up instructions and an appointment for a check-up in 6 weeks. The physician or nurse will discuss your birth control plans with you, unless this was done earlier in the visit. When you feel comfortable, usually after 15 to 20 minutes you may leave. Because you may feel a little weak, it is necessary to arrange beforehand for someone to drive you home. Your ride must stay in the lobby area for the entire time you are here or you will not be able to receive sedation prior to your procedure.

Possible Problems

Early abortion by vacuum aspiration is a very safe procedure. Fewer than 1 woman in 100 will have a serious complication following an early abortion. However, as with any surgery, there are certain problems that can arise during or after an abortion:

- There is a 1 in 100 chance that an infection of the uterus will develop after the abortion. While this problem routinely is treated with antibiotics, there is a small chance that a repeat aspiration, a D&C, a hospitalization, or even surgery may be necessary.
- In 1 in 100 cases, tissue is left inside of the uterus, leading to an "incomplete" abortion. This problem may

lead to excessive bleeding, infection, or both. If this complication occurs, you could require a repeat aspiration or a D&C in a clinic or hospital, or other tests or treatment.

- There is about a 1 in 500 chance that the uterus will be perforated (an instrument may go through the wall of the uterus and could damage internal organs such as intestines, bladder, or blood vessels). Treatment may consist of observation, laparoscopy, or abdominal surgery. The likelihood of hysterectomy (removal of the uterus) in this setting is 1 per 10,000 abortions.
- Other risks include:
 - allergic reaction, which can be due to an allergy to the local anesthetic or to any other medications used. All medicines and drugs, including street drugs, may cause serious reactions alone or during anesthesia. It is important that you use only medically necessary drugs and avoid alcohol or other non-prescription drugs on the day of the abortion and that you tell the clinicians about all drugs you have taken;
 - hemorrhage (excessive bleeding), which may require treatment by medications, repeat aspiration, D&C, or rarely, surgery. Hemorrhage severe enough to require transfusion occurs in fewer than 1 per 1000 cases;
 - blood clots in the uterus, which may cause severe cramping and abdominal pain. The risk is about 1 in 100 cases and treatment is a repeat aspiration;
 - cervical tear, in fewer than 1 in 100 cases, which may be treated with medicines, or rarely, stitches in the cervix;
 - failure to end the pregnancy, which occurs in 1 per 500 cases and may be due to a divided uterus, very early pregnancy, or other causes. Another aspiration procedure is recommended when this happens. A tubal (ectopic) pregnancy is not ended by abortion and may require an abdominal operation to remove;
 - an emotional reaction after the abortion. Emotional problems after abortion are uncommon, and when they happen, they usually go away quickly. Most women report a sense of relief, although some experience depression or guilt. Serious psychiatric disturbances (such as psychosis or serious depression) after abortion appear to be less frequent than after childbirth;
 - impact on future pregnancies, which at this time seems very unlikely with uncomplicated early abortions;
 - death, which occurs in fewer than 1 per 100,000 abortions. This should be compared with the risk of death from a full-term pregnancy and childbirth, which is seven times greater than that from early abortion.

When you leave Tucson Women's Center after the abortion, you will be given a telephone number to reach the office or a nurse should these or any other problems occur. You also should plan on returning to the office in 6 weeks for your follow-up exam. If follow up is made after 10 weeks, there may be a charge. **NO CHILDREN ARE ALLOWED TO ANY OFFICE VISIT.**

FACTS ABOUT MIDTRIMESTER D&E ABORTION

A "D&E" (Dilatation and Evacuation) is a method of abortion done between the 12th and 24th week of pregnancy, counting from the first day of the last menstrual period. Tucson Women's Center offers D&E abortion through the 20th week of pregnancy. D&E is a two-part procedure requiring one or two days to dilate (open) the cervix and a final visit to the clinic to empty the uterus.

Before the abortion

Once you check in at Tucson Women's Center, you will be asked to complete a medical history form and other paperwork. A counselor then will spend some time with you to explain the procedure, obtain your written consent, and answers any questions that you may have. A number of tests will be done, including a finger-prick blood test to check your Rh type and to make sure that you are not anemic. Various medications for pain relief will be discussed and offered to you in order to make you more comfortable during the procedure.

A little later, the doctor will go over your medical history and will examine your heart and abdomen. After a routine pelvic examination to check the size of your uterus, other test may be performed. You also will have a vaginal or abdominal ultrasound examination. The ultrasound more accurately determines the age of the pregnancy. The final decision as to whether the abortion may be performed in the office will depend on you medical history, your physical examination, and the results of your laboratory tests.

Insertion of Osmotic Cervical Dilators

Osmotic dilators will be used to slowly stretch the opening of the cervix. These small devices swell when they absorb water from the cervical fluids. The dilators remain in the cervix for several hours (sometimes overnight), kept in place by gauze inserted into the vagina. You will be given a prescription for antibiotics to prevent infection. You also will be given written instructions for your care while the dilators are in place. The instructions include a telephone number so that you can get in touch with the office staff should any problems arise. Sometimes a second insertion of dilators is necessary.

The Abortion Procedure

Before the procedure is started, a needle will be inserted in your vein in your hand, if you chose intravenous sedation and will stay there during the time you are in the office; once the needle is in place, all the medications that you need will be given through it. These medications may include drugs to reduce discomfort and help you relax.

The gauze and dilators will be removed. The doctor will give you a local anesthetic (numbing medicine) in your cervix, which will make the procedure more comfortable. The opening of the uterus may need to be stretched

more, which will be done gradually with a series of narrow instruments called dilators, each a little larger than the one before. When the cervix is open wide enough, a plastic tube is inserted into the uterus and is connected to a suction machine. The contents of the uterus then is removed by a combination of suction and instruments, usually taking 5-15 minutes, during and after the procedure, you may feel cramping as the uterus shrinks down to its normal size. Later, the doctor will examine the pregnancy tissue to check whether it has been removed completely.

After the Abortion

A short time after the abortion, you will be taken to the recovery area for a rest and observation period. You will be given follow-up instructions and an appointment for a check-up in 6 weeks. The physician or nurse will discuss your birth control plans with you, unless this was done earlier in the visit. When you feel comfortable, usually after 30 minutes, you may leave. Because you may feel a little weak, it is necessary to arrange beforehand for someone to drive you home. Your ride must stay in the lobby area for the entire time you are here or you will not be able to receive sedation prior to your procedure.

Possible Problems

Midtrimester abortion is more complex than earlier abortion procedures. With D&E, there is a greater risk of perforating the uterus or injury to the cervix than with early abortion. However, compared with the other methods available after the 16th week of pregnancy (injection of saline or prostaglandins inside the uterus), with D&E there is less risk of bleeding, infection, and incomplete abortion. There is no hospital stay and costs are lower, unless complications occur.

Complications may include, but are not necessarily limited to:

- There is a 1 in 100 chance that an infection of the uterus will develop after the abortion. While the problem routinely is treated with antibiotics, there is a small chance that a repeat aspiration, a D&C, a hospitalization, or even surgery may be necessary.
- In 1 in 100 cases, tissue is left inside of the uterus, leading to an "incomplete" abortion. This problem may lead to excessive bleeding, infection, or both. If this complication occurs, you could require a repeat aspiration or a D&C in a clinic or hospital, or other tests or treatment.
- There is about a 3 in 1000 chance during D&E that the uterus will be perforated (an instrument may go through the wall of the uterus and could damage internal organs such as intestines, bladder, or blood vessels). Hospitalization is required, and an abdominal operation usually performed to repair the damage. The likelihood of hysterectomy (removal of the uterus) in this setting is fewer than 1 per 1000 D&E abortions.
- Other risks include:
 - allergic reaction, which can be due to an allergy to the local anesthetic or to any other

medications used. All medicines and drugs, including street drugs, may cause serious reactions alone or during anesthesia. It is important that you use only medically necessary drugs and avoid alcohol or other non-prescriptions drug on the day of the abortion and that you tell the clinicians about all drugs you have taken;

- hemorrhage (excessive bleeding), which may require treatment by medications, repeat aspiration, D&C, or rarely, surgery. Hemorrhage severe enough to require transfusion occurs in fewer than 1 per 1000 cases;
- blood clots in the uterus, which may cause severe cramping and abdominal pain. The risk is about 1 in 100 cases and treatment is a repeat aspiration;
- cervical tear, in fewer than 1 in 100 cases, which may be treated with medicines, or rarely, stitches in the cervix;
- an emotional reaction after the abortion. Emotional problems after abortion are uncommon, and when they happen they usually go away quickly. Most women report a sense of relief, although some experience depression or guilt. Serious psychiatric disturbances after abortion appear to be less frequent than after childbirth;
- impact on future pregnancies, which at this time seems very unlikely with uncomplicated early abortions;
- death, the risk of which is about equal to that from full-term pregnancy and childbirth.

When you leave Tucson Women's Center after the abortion, you will be given a telephone number to reach the office or a nurse should these or any other problems occur. You also should plan on returning to the office in 6 weeks for your follow-up exam. If follow up is made after 10 weeks, there may be a charge.

NO CHILDREN ARE ALLOWED TO ANY OFFICE VISIT.

Tucson Women's Center
5240 East Knight Drive, Suite #112, Tucson, AZ 85712
PHONE: (520) 323-9682
www.tucsonwomenscenter.com

FACTS ABOUT OSMOTIC CERVICAL DILATORS

The insertion of osmotic dilators is the first step in the abortion procedure, which will be complete when the uterus is emptied. Inserting dilators into the cervix (mouth of the womb) before the abortion makes the procedure safer for you and easier for the doctor to perform.

What They Are

Osmotic dilators are made of either a sea-grown plant or a chemical product. They are placed in the cervix prior to the abortion procedure.

How They Work

The osmotic dilators slowly swell to as much as four times the original size by absorbing fluids from the cervical canal. This gradual swelling causes the cervix to open and allows easier emptying of the uterus. The process can take from 2 to 12 hours depending on the type of osmotic dilator, the number used, and the length of the pregnancy.

How They Are Inserted

- You will be asked to empty your bladder.
- The clinician will perform a pelvic examination.
- The vagina will be washed with an antiseptic solution.
- The dilators will be inserted into the cervix.
- Gauze soaked in antiseptic solution will be placed in the vagina and left there to help keep the dilators from falling out.

What to Expect

- Cramps like those with your period may occur during or following insertion. Medication may be taken if needed.
- Leaking of fluid from the vagina may occur. Let the clinic know if there is a sudden gush.
- A pinkish discharge sometimes occurs. Let the clinic know if there is any bleeding.
- The gauze packing or dilator may come out. Let the clinic know if this occurs.
- The dilators will be removed before the abortion procedure is done.

What Are the Risks?

Infection may occur if there are disease-causing germs in the cervix, or if you should fail to have the abortion procedure completed. It is **very important** that you have the dilators removed and the abortion procedure completed.

No guarantee can be given as to your health, or that the pregnancy will continue normally, should you decide not to have the abortion once the dilators are inserted.

Occasionally dilators may be stuck or broken during removal. Even if this should occur, the doctor will be able to complete the removal and perform the abortion.

If the cervix is not dilated enough, more dilators may be inserted and you will be asked to wait longer, or other instruments can be used to complete the dilation.

Additional Instructions

You may take a mild pain reliever if you are uncomfortable. Follow the manufacturer's instructions for taking this medication.

You **MUST NOT** take a tub bath, douche, insert tampons or have sexual intercourse with the dilators in place.

CALL US DAY OR NIGHT IF YOU HAVE...

- temperature over 100.4 degrees;
- severe pain or prolonged cramps;
- heavy or prolonged bleeding;
- any other worrying symptom you think we ought to know about.

And Be Ready to Tell Us...

- your temperature in the past hour;
- the number of sanitary napkins you've used in the past hour.

If you develop any of the above symptoms or if you have other questions,

24-HOUR EMERGENCY CONTACT INFORMATION

Tucson Women's Center

(520) 323-9682

(866) 323-5240 Toll Free

FACTS ABOUT SEDATION

Sedation can occur either by taking medication orally (by mouth) or intravenously (by having medications injected directly into the vein). **You will not be asleep** although you will feel more relaxed. These drugs can lessen anxiety or pain and later you may not remember parts (or anything) of the procedure.

Possible side effects

Although these drugs are generally safe, there are possible reactions that can occur. The major reactions that can happen include, but are not necessarily limited to: allergic reactions; damage to or failure of the heart, lungs, liver, kidneys, and/or brain; phlebitis (infection of the vein); death.

Precautions

You should not have this sedation if you have had anything to eat or drink within the last four (4) hours, or anything more than clear liquids to drink for the six (6) hours before that. **DO NOT EAT OR DRINK 4 HOURS BEFORE THE PROCEDURE (no water, gum, juice-nothing in the mouth 4 hours before the procedure)**

Tell us if you have:

1. asthma;
2. chronic bronchitis;
3. emphysema;
4. other breathing problems;
5. heart problems
6. prescription medicines that can cause sleepiness;
7. any allergies to drugs;
8. taken any street drugs or alcohol in the last 24 hours.

After the Procedure

The effects of these medicines can last for several hours. Therefore, you should not drive, operate heavy machinery or make important decisions for 24 hours after the procedure. ***YOU MUST HAVE SOMEONE DRIVE YOU HOME FROM THE OFFICE & THAT SOMEONE MUST BE HERE BEFORE YOU ARE SEDATED AND MUST STAY UNTIL YOU ARE DISCHARGED FROM RECOVERY.***

For oral sedation, we offer:

- Valium (main side effects: Dizziness, Drowsiness, HA, Blurred Vision, N&V)

For intravenous sedation we offer:

- Fentanyl (Main side Effects: Respiratory Depression, Euphoria, Bradycardia, N&V)
- Versed (Main side Effects: Dizziness, Drowsiness, HA, Blurred Vision, N&V)
- Atropine (Main side Effects: Increased Heart Rate, Dry Mouth)

Tucson Women's Center

5240 East Knight Drive, Suite #112, Tucson, Arizona 85712 Phone: (520) 323-9682

www.tucsonwomenscenter.com

Post Operative Medication Sheet

You will receive all of your medications before you leave the clinic today. These medications are necessary for a complete recovery. Please take as directed.

Doxycycline: (Pink Bottle)

This is a broad spectrum antibiotic to prevent infection. Doxycycline is to be taken with food, but do not take with milk. **Take one capsule every 12 hours for seven days.**

Possible side effects include: nausea and diarrhea

OR

Erythromycin: (Pink Bottle)

This is a broad spectrum antibiotic to prevent infection. Erythromycin is to be taken with food, but do not take with milk. **Take one capsule four times a day for seven days.**

Possible side effects include: nausea and diarrhea

Hydrocodone/ Acetaminophen (Generic name for Vicodin) (a written script may be given): (Red Bottle)

Hydrocodone will help relieve cramping. **You may take one tablet every four hours as needed for cramping.** You also should take this medication with food, because it can make you nauseous. Also do not drive or operate machinery when taking this medication, because it can cause drowsiness.

OR

Propoxyphene Naps & Apap (Generic name for Darvocet) (a written script may be given): (Red Bottle)

Propoxyphene will help relieve cramping. **You may take one tablet every four hours as needed for cramping.** You also should take this medication with food, because it can make you nauseous. Also do not drive or operate machinery when taking this medication, because it can cause drowsiness.

What Constitutes an Emergency?

Heavy Bleeding: Saturating one pad in one hour. You should be able to wring blood out.

Rectal Pressure: Intense rectal pressure with or without bleeding, chills and/ or sweats.

Temperature: Over 101.4 degrees and / or chills and sweats lasting more than 8 hours after taking Tylenol.

EMERGENCY PHONE NUMBER

(520) 323-9682

Leave a message with the answering service. We will usually return your call within 15 minutes. If you have not received a call after 45 minutes, call the answering service again. **The answering service will only put through emergency calls.**

Please have a pharmacy phone number ready in case it is necessary to call in a prescription. If you are experiencing problems, it is important to call as early as possible. As you may be required to come to the office to see the doctor.

Tucson Women's Center

5240 East Knight Drive, Suite #112, Tucson, Arizona 85712

Phone: (520) 323-9682

WWW.TucsonWomensCenter.COM

Post Procedure Information

Complications are rare and you will soon be able to resume your routine activities. Please call us if you have a problem or a question. Calls can be made from 8:00 am to 5:00 pm, Monday through Friday. *Emergency call may be made at any time.*

The next 24 to 72 hours are important in your recovery. If a complication does occur, it is most likely to occur during this period.

Infection:

You may feel hot and cold for a few days after the procedure, this is due to hormone changes, not infection. Take your temperature twice a day for the next week. *If you have a temperature of 101.4 or higher for more than 8 hours and then temperature has not decreased with Tylenol, please call the office.* This is usually the first sign of infection. If your doctor prescribed a vaginal suppository for an existing infection, stop using it. Over the next two weeks, chances of developing an infection are greater than normal. For this reason, **DO NOT:**

- Use tampons
- Douche
- Take tub baths
- Swim or Sit in Water (Pools, Hot Tubs, etc...)

Do not engage in any type of vaginal sexual relations for SIX (6) weeks.

Bleeding:

You may bleed as much as a normal period for 2 to 3 days, possibly continuing intermittently for as long as 6 weeks and as little as a few days. You should avoid strenuous activity and heavy lifting for the next two weeks. Most of your bleeding will be directly related to your level of activity. The bleeding may stop and start again up to 4 to 6 weeks. Color changes in the blood are common. Some women do not bleed at all and is not a reason for concern. *If any of the following occur, call the office immediately:*

- Passing clots half dollar size continuously
- Saturating more than one pad an hour
- Using more than 6 pads in 24 hours

Cramps:

Cramps can be relieved with either the pain medication you are given a prescription for or you may use Tylenol, Extra Strength Tylenol, Advil, Motrin or any Ibuprofen product. Just be sure to take the product as directed. *If you have severe, lasting cramps, please call the office.*

Breast Tenderness:

You may have tenderness or fullness in your breasts for the first two weeks after your surgery. This will subside by itself. If you have discharge from your nipples, wear a tight bra all day and night for at least five days. Do not stimulate your breasts, this will produce more milk.

Morning Sickness:

Nausea should pass within the next 24 to 48 hours after the procedure.

Follow Up Information:

Contact the office to schedule your follow-up visit. You should be seen SIX weeks after your surgery. No fee is charged for this visit. If follow up is made after 10 weeks, there may be charge. You will be receiving a pregnancy test and discussion of contraception at this office visit. The follow up is your only guarantee that your abortion was complete and that you are completely healed. **NO CHILDREN ARE ALLOWED TO ANY OFFICE VISIT.**

Your next regular period should occur within four to six weeks after you procedure. If you are using birth control pills, your period should start after the completion of your first pack of pills. If your period does not start within eight weeks or if you continue to bleed for more than three weeks post procedure, call the office.

Emotional Follow Up:

While some feelings of depression may occur due to hormonal changes, severe depression is not normal. If this type of depression occurs, please feel free to call for a referral to a counselor.

Few women ever think that they will personally experience an abortion, so this may have been a traumatic time for you. We only hope that we have been able to make it a little easier for you. We care. Please do not hesitate to call us if you have any questions once you are home.

(Revised 04/29/2009)

Tucson Women's Center

5240 East Knight Drive, Suite #112, Tucson, AZ 85712 PHONE: (520) 323-9682

www.tucsonwomenscenter.com

IMPORTANT THINGS TO REMEMBER WHEN YOU TAKE AN ORAL CONTRACEPTIVE

➤ SPOTTING AND BREAKTHROUGH BLEEDING

If either of these occurs, continue to take your pills as directed and call the clinic for further assessment.

These are not considered serious problems and can usually be controlled by changing your brand of pills. Call the office for further assessment.

➤ MISSING MENSES

It is common for women taking birth control pills to miss periods occasionally, if you are taking your pills correctly you may be pregnant, but it is very unlikely. You are fairly safe and should be able to start a new pack of pills at the regularly scheduled time. If you miss two periods, come to the office or call right away for a pregnancy test.

➤ SIGNS AND PAINS THAT MAY INDICATE SERIOUS SIDE EFFECTS

- ABDOMINAL PAIN
- CHEST PAIN (SEVERE), SHORTNESS OF BREATH
- SEVERE HEADACHES
- EYE PROBLEMS (BLURRED VISION, FLASHING LIGHTS, BLINDNESS)
- SEVERE PAIN IN CALF OR THIGH

DO NOT IGNORE THESE SIGNS. CALL THE CLINIC IMMEDIATELY AND EXPLAIN YOUR PROBLEMS. YOU MAY NEED TO GO TO THE EMERGENCY ROOM NEAREST YOU.

REMEMBER THAT ANTIHISTAMINES AND ANTIBIOTICS DECREASE THE EFFECTIVENESS OF BIRTH CONTROL PILLS. A BACK UP METHOD OF BIRTH CONTROL IS RECOMMENDED FOR THE WHOLE CYCLE IN THAT ANY OF THE ABOVE WAS TAKEN. WE RECOMMEND CONDOMS AND SPERMICIDE USED TOGETHER FAITHFULLY.

WHAT TO DO IF YOU FORGET TO TAKE YOUR PILLS:

- **If you miss ONE PILL:** Take the pill as soon as you remember and take the next pill "the pill for that day" at your regular time. This means you will be taking 2 pills for one day.
- **If you miss TWO PILLS:** Take two pills on the day you remember and two pills the next day. You then will take one pill a day until you finish the pack. You must use a back up birth control method, such as condoms and spermicide until you start another pack of pills.

If you miss any pills you may experience bleeding or spotting throughout the rest of the cycle. You are not protected from pregnancy. You must use a back up method of birth control for the rest of the pack of pills in which you missed a pill. Again, it is recommended to utilize a back up birth control method if you miss any pills.

IF YOU MISS MORE THAN THREE PILLS, CALL THE OFFICE FOR DIRECTIONS















BIRTH CONTROL—

choosing a method that's right for you

There are many different birth control methods available today. All of these birth control methods can help prevent pregnancy. Additionally, some of these methods will help protect you from HIV infection (the virus that causes AIDS) and other **sexually transmitted diseases (STDs)**.

This chart provides some basic information on what birth control methods are currently available. You may want to discuss these with your healthcare professional to determine what birth control methods are right for you.

Keep in mind that the effectiveness of the birth control methods listed here is based on "perfect use," which means the birth control method is used as directed each and every time.

Primary Birth Control Hormonal	How to Use	Effectiveness (Perfect Use)	Prescription Needed	Protects Against STDs
21-day and 28-day oral contraceptive (the Pill) 	Take 1 pill every day as directed. A period occurs every 28 days	Approximately 99% effective	Yes	No
Extended-cycle oral contraceptive (the extended-cycle Pill) 	Take 1 pill every day for 3 months as directed. A period occurs just 4 times a year	Approximately 99% effective	Yes	No
Contraceptive patch 	Apply to skin and change weekly	Approximately 99% effective	Yes	No
Vaginal ring (hormonal) 	Insert monthly and leave in place for 21 days	More than 98% effective	Yes	No
Injection 	Get injections every 3 months	More than 99% effective	Injections given in healthcare professional's office or clinic	No
IUD (hormonal) 	Inserted in the uterus and can remain for up to 5 years	More than 99% effective	IUD inserted in healthcare professional's office or clinic	No
Primary Birth Control Nonhormonal	How to Use	Effectiveness (Perfect Use)	Prescription Needed	Protects Against STDs
Spermicide 	Apply every time before sex	94% effective	No	Some
Diaphragm 	Insert every time before sex	Up to 94% effective when used with spermicide	Yes	Some, when used with spermicide
Cervical cap 	Insert every time before sex	91% effective if never pregnant; 74% after having children	Yes	Some, when used with spermicide
Female condom 	Insert every time before sex	95% effective	No	Some
Male condom 	Partner must wear every time during sex	Up to 97% effective	No	Yes, most condoms
IUD (copper) 	Inserted in the uterus and can remain for up to 10 years	98.5% effective	IUD inserted in healthcare professional's office or clinic	No
Female sterilization ("tubes tied") or male sterilization (vasectomy) 	No action required after surgery	99.5% effective (female); 99.9% effective (male)	No. Performed surgically	No
Emergency Contraception—if your primary method of birth control fails				
Emergency contraceptive pill 	Take 1st pill within 72 hours after unprotected sex or contraceptive failure. Take 2nd pill 12 hours after the 1st dose	89% effective	Yes*	No

* Available without a prescription in a limited number of states. Call 1-888-NOT-2-LATE for more information.