English

Patient Information and Consent Form for Medical Abortion using Mifegyne® / Cyprostol®

Date:

Name:

Street, Number:

City/Town:

I confirm that I have been fully informed by my attending physician about the upcoming medical abortion using Mifegyne® and Cyprostol® (specifically regarding the points below). I have no further questions.

Medical abortion:
Mifegyne® contains the antiprogestogen mifepristone, which blocks the effects of progesterone.
Progesterone is a hormone required to maintain a pregnancy. Mifegyne® is therefore used to induce the termination of the pregnancy. It also serves to soften and open the cervix (the opening to the uterus).
Cyprostol® (off-label use): stimulates the uterine muscles and softens the cervix. It is therefore often used in conjunction with Mifegyne® for abortions.

I am aware that the process of abortion begins immediately after taking Mifegyne® and cannot be reversed.

• I have been informed that, in rare cases (approximately 15%), the treatment may not work or may be incomplete. In such instances, it may be necessary to complete the abortion via a follow-up curettage (surgical procedure) or an alternative second dose of prostaglandin. • I have been informed about the possible alternative method—namely, surgical termination via vacuum aspiration or curettage—and the advantages and disadvantages of both methods have been discussed with me in detail.

• Should the pregnancy continue despite taking the medication and I decide to carry the pregnancy to term, I am aware that health risks to the fetus cannot be ruled out and that the pregnancy must be closely monitored.

Treatment procedure: Medical termination of an intrauterine pregnancy up to 9+0 weeks of gestation is carried out by taking 600 mg of Mifegyne® at this facility, followed 48 hours later by the administration of 4 tablets of Cyprostol® (allow 2 to dissolve in the mouth; insert 2 deep into the vagina).
I understand when and how the two (different) medications are to be used.

Vienna
(Practice) Stamp **Patient's Signature**

Although Mifegyne® and Cyprostol® are generally well tolerated, side effects may occur in rare cases. The most common side effects are nausea, vomiting, diarrhea, uterine contractions, cramping, infection following the abortion, and heavy bleeding (occurring in approximately 5% of cases). A prescription for treating side effects is attached in case of persistent symptoms. Please read the package leaflet for full details.
In the event of persistent symptoms or heavy bleeding, call emergency services or visit the nearest hospital emergency department.

• I am aware that unwanted side effects may occur after taking or using the medications. I have been informed about what these side effects might be, what I can do about them, and in which situations I should consult a doctor immediately.

Furthermore, I confirm that I am not aware of any hypersensitivity to the active ingredient or other
components of the medication, and that I do not suffer from any of the following conditions:

• Chronic adrenal failure
• Severe, uncontrolled asthma
• Hereditary porphyria
• Liver or kidney failure

I hereby confirm that I will attend a follow-up appointment at the practice approximately 2 weeks after the treatment.

Place, Date Patient's Signature

I hereby confirm that Dr. Franz Wierrani has conducted a consultation with me to explain the procedure. Furthermore, I confirm that I have read and understood this patient information and the consent form, and that I have no further questions.
I therefore expressly consent to the medical abortion.

Place, Date Patient's Signature

Doctor's Signature