CONSENT FORM FOR CONTRACEPTIVE COIL INSERTION/REMOVAL/REPLACEMENT

MIRENA/ KYLEENA/ JAYDESS/ COPPER IUD (Cu380A QL/ Nova-T)

Name	
DOB	
NHS Number	

Reason for Insertion	• Contraception/ Emergency Contraception • Reduce heavy or irregular periods • Protect womb from excessive thickening as part of HRT
Reason for Removal	•

Please read this information carefully. Ask the nurse/doctor if there is anything that you do not understand.

Possible Risks and Side Effects	• Discomfort/cramping/pain/dizziness/shock/fainting on insertion • Infection- highest in first 3 weeks after fitting (testing advised before) • Expulsion or change of position (up to 1 in 20 - highest in 1st year) • Failure (over 99% effective) • Ectopic pregnancy if pregnancy occurs • Damage to cervix or womb including perforation (1 in 500: risk 6x higher if breastfeeding) during insertion, also delayed perforation • Altered vaginal bleeding (IUS: spotting or irreg/prolonged bleeding 3-6 months; IUD: heavier/more painful/prolonged periods) • Hormonal effects- greasy skin, mood changes, weight change
Risks of removal	• Discomfort/cramping/pain/dizziness/shock • Unable to remove – stuck/moved/breaks – may need specialist referral/input • No longer covered for contraception (unless replacement)

I consent to the above procedure & I consent to providing feedback for service evaluation	
I confirm that	• I am not pregnant • I have no known allergies to local anaesthetics • I am aware of the risks and side effects as listed above • I have abstained from (not had) sex since my last period/ I am using another method of contraception reliably • I am aware that this method does not protect against STIs • It is my responsibility to ensure the coil is changed/removed in 3/5/8/10 years' time or after the menopause (delete) • After fitting I will be shown/advised how to check for the coil threads and know what to do if unsure/threads not felt/where to seek help (verbally and via leaflet sent after insertion)

Signed _____ Date _____

Print Name _____

I confirm that the patient has had the procedure explained, intended benefits and possible risks/side effects prior, and the fitting will occur in the good faith that there is no risk of pregnancy

Signed _____ Date _____

Print Name_____ Job Title _____