

CONSENT FORM FOR CONTRACEPTIVE COIL INSERTION

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

Name	
DOB	
NHS Number	

Reason for Insertion	<ul style="list-style-type: none">• Contraception/ Emergency Contraception• Reduce heavy or irregular periods• Protect womb from excessive thickening as part of HRT
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Please read this information carefully and ask the nurse/doctor if there is anything that you do not understand.

Possible Risks and Side Effects	<ul style="list-style-type: none">• 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
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I consent to the above procedure & I consent to providing feedback for service evaluation	
I confirm that	<ul style="list-style-type: none">• 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• 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 _____