**CONSENT FORM FOR CONTRACEPTIVE COIL INSERTION**

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

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| **Name** |  |
| **DOB** |  |
| **NHS Number** |  |

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| **Reason for Insertion** | * Contraception/ Emergency Contraception
* Reduce heavy or irregular periods
* Protect womb from excessive thickening as part of HRT
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| **Possible Risks and Side Effects** | * Discomfort/dizziness/fainting on insertion
* Infection- highest in first 3 weeks after fitting
* Expulsion or change of position (up to 1 in 20- highest in 1st year)
* Failure (IUS <1 in 100 at 5years; IUD =2 in 100 at 12yrs)
* Ectopic pregnancy if pregnancy occurs
* Damage to cervix or womb including perforation (1 in 500: risk 6x higher if breastfeeding)
* 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** | * 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 3/5/10 years’ time or after the menopause (delete)
* I have been shown/advised how to check for the coil threads and know what to do if unsure/threads not felt/where to seek help
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| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I confirm that I have explained the procedure, intended benefits and possible risks/side effects** |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name Job Title |