

**CONSENT FORM FOR NEXPLANON INSERTION/REMOVAL/REPLACEMENT (Remove and Insert New)**

<b>Name</b>	
<b>DOB</b>	
<b>NHS Number</b>	

<b>Site of Procedure</b>	<ul style="list-style-type: none"> <li>• Left / Right</li> </ul>
<b>Anaesthetic chosen</b>	<ul style="list-style-type: none"> <li>• Ethyl chloride spray</li> <li>• Lidocaine injectable / Bupivacaine with adrenaline injectable</li> </ul>
<b>Intended Benefits of Insertion</b>	<ul style="list-style-type: none"> <li>• Provide contraception (up to 3 years)</li> <li>• Does not affect fertility</li> </ul>
<b>Reason for Removal</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Possible Risks of Insertion</b>	<ul style="list-style-type: none"> <li>• Allergic reaction to local anaesthetic/spray/implant</li> <li>• Bleeding/Bruising/Infection/Scar</li> <li>• Failure (less than 1 in a 1000)</li> <li>• Irregular bleeding or no periods</li> <li>• Hormonal effects- mood changes/acne/greasy skin</li> <li>• Migration/breakage/deep implant/difficult removal</li> <li>• Interaction with certain prescribed medications/SJW/modafinil</li> </ul>
<b>Risks of Removal</b>	<ul style="list-style-type: none"> <li>• Allergic reaction to anaesthetic/Bruising/Infection/Scar</li> <li>• Unable to remove, need to refer to specialist clinic</li> <li>• No longer covered for contraception (unless replacement)</li> </ul>

**I consent to the above procedure and to being asked to provide feedback for service evaluation**

<b>I confirm that</b>	<ul style="list-style-type: none"> <li>• I am not pregnant</li> <li>• I have no known allergies to local anaesthetics</li> <li>• I am aware of the risks as listed above</li> <li>• I am aware that this method does not protect against STIs</li> <li>• <b>I will abstain from sex or use additional contraception for 7 days</b> (if inserted after day 5)/I will use alternative contraception</li> <li>• It is my responsibility to ensure the implant is changed/removed in <b>3</b> years time</li> </ul>
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Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**I confirm that I have explained the procedure and possible risks**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Job Title \_\_\_\_\_