

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

Name	
DOB	
NHS Number	

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

I consent to the above procedure and to being asked to provide 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 as listed above • I will abstain from sex or use additional contraception for 7 days (if inserted after day 5)/I will use alternative contraception • It is my responsibility to ensure the implant is changed/removed in 3 years time
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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 _____