

# Patient consent form for the insertion of IUD

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**Patient name:** \_\_\_\_\_  
**File number:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

## Overview of treatment

An intra-uterine device (IUD) provides extremely effective and long-term reversible contraception. The hormonal IUD (Mirena®) provides contraception for 5 years. The Copper IUD (short) provides contraception for 5 years and the Copper IUD (standard) provides contraception for 10 years.

## Benefits

An IUD is an effective form of contraception.

Overall, IUDs are an inexpensive choice of contraception, because a single device lasts a number of years.

IUDs are a reversible form of contraception, meaning their effect can be stopped at any stage by removing the device.

IUDs are a useful contraceptive choice for women who are unable to take contraception containing oestrogen, unable to take tablets due to conditions that affect how the gut absorbs medications, or when breastfeeding.

The Copper IUD is an effective choice for women seeking non-hormonal methods of contraception. It can also be used as emergency contraception within 5 days of unprotected sexual intercourse or up to 12 days after the first day of a period. The Copper IUD works on the day of insertion as a contraceptive. Side effects may include heavier and longer periods.

The hormonal IUD (Mirena®) is a useful choice when seeking to reduce the amount of blood loss during periods, and pain associated with periods. In the first 3-6 months following insertion, bleeding patterns may vary, but these usually settle. Although hormonal side effects such as acne may occur, they are rare.

## IUD insertion

Any procedure is associated with a small amount of risk. Your health professional has explained these risks to you. This form is designed to ensure you understand the procedure, including the risks and benefits, and that you have the opportunity to discuss these with your clinician.

## Things to Consider

My health professional has explained the following risks to me, which are associated with the procedure:

**Patient to tick boxes**

- **Pain** may occur during and shortly after the procedure. Local anaesthetic may be used to reduce insertion-related pain.

- **Bleeding**, which may occur during and after the procedure. It is usually minimal.   
*Mirena: irregular and frequent light bleeding in the first 3 to 6 months. This usually settles. If it does not settle, management options should be discussed with a doctor.*  
*Copper: sometimes heavy or painful periods. This may settle with time.*
- **The uterus may push out the IUD.** This may occur in 1 in 20 women, with the highest risk being in the first year after insertion. If this happens, pregnancy is a possibility.
- **Infection**, which can be passed into the uterus and spread into the pelvis. Infection is rare. The risk is highest in the first 20 days after an IUD insertion, and in 1 in 300 insertions. Treatment with antibiotics may be required and the infection can very rarely cause infertility (inability to get pregnant).
- **Puncture or hole** in the wall of the uterus when the IUD is inserted. The risk of a puncture or hole is very small, approximately 2 in 1000 IUD insertions. The risk increases if you are breastfeeding or you have given birth in the last 9 months. If a puncture occurs, the IUD will not work as a contraceptive device and so pregnancy may be possible. The IUD may need to be removed via a laparoscopy (operation). Antibiotics may be given if the doctor suspects an infection.
- **Pregnancy**, although rare, may occur. If pregnancy does occur, there is an increased risk of ectopic (tubal) pregnancy, miscarriage, and early delivery. In an ectopic pregnancy, surgery is required to remove the pregnancy and sometimes the fallopian tube, to prevent it from rupturing. Rupturing of the tube is very rare, but it can be life threatening, and emergency surgery would be required. It is important to note that the overall risk of having an ectopic pregnancy is lower with an IUD than without.
- **The IUD does not protect against sexually transmissible infections.**

### Effectiveness of contraception

I am aware of the effectiveness of an IUD as well as its effectiveness compared with other contraceptive methods. I am aware that no contraceptive method is 100% effective at preventing pregnancy, so I could have a small chance of becoming pregnant. I understand that the hormonal IUD is 99.8% effective and the Copper IUD is 99.2% effective.

### Timing of removal

I understand the hormonal IUD must be removed after 5 years of use. If I am over 45 years of age, it may be used for longer, which I will discuss with my doctor.

I understand the Copper IUD must be removed after 5-10 years of use. If I am over 40 years of age, I will discuss a longer duration with my doctor.

I understand that leaving an IUD in place longer than the recommended time, may increase the chances of a pregnancy. I am aware that it is my responsibility to arrange removal.

## Allergic reactions

I have advised my doctor of any known allergies, especially allergies to local anaesthetic, hormones (e.g. levonorgestrel), plastics, metals (e.g. copper), latex or any of the ingredients or products contained in the hormonal IUD and Copper IUD.

## Contraindications

I understand that some medical conditions including, but not limited to, current or unresolved pelvic infection, undiagnosed abnormal vaginal bleeding, abnormalities of the uterine cavity (e.g. fibroids), history of breast cancer, severe liver disease, and Wilson's Disease may affect my use of an IUD.

## Patient responsibilities

I have told my doctor about medications that may increase my risk of bleeding (e.g. Warfarin®), medical conditions that increase my risk of bleeding (e.g. haemophilia), and past obstetric or gynaecological surgeries (e.g. caesarean section), as these may affect the insertion of an IUD.

I have told my doctor of any medications I am taking.

I understand that having an IUD may affect treatment of some medical conditions, so I will inform other health professionals I see that I have an IUD in place.

## Acknowledgement

I have understood the information concerning IUDs and have raised any questions I have with my doctor. I will contact my doctor should I require further advice.

I have received a written information brochure about my IUD.

### Patient

Based on the information above, I \_\_\_\_\_ willingly consent for my doctor to insert an IUD for use as a contraceptive. By ticking off each of the items above, I acknowledge that these are understood by me and have been discussed with my doctor.

Signed by patient \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

### Doctor

I have explained the risks and benefits of IUD insertion to this patient.

Signed by Doctor \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

### References:

1. Family Planning NSW, Family Planning Victoria and True Relationships and Reproductive Health. Contraception: An Australian Clinical Practice Handbook, 4th edition. Ashfield NSW, 2016, pp. 13-46, 187-230.
2. Queensland Health. Consent form: Insertion of Progesterone Releasing Intra Uterine Device, [website], November 2016, [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0016/150235/obst\\_gyna\\_17.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0016/150235/obst_gyna_17.pdf). (accessed 22<sup>nd</sup> March 2017)
3. RACGP, Implanon NXT \* Checklist and Consent Form, [website], May 2011, <http://www.racgp.org.au/download/Documents/PracticeSupport/2Q1105implanonchecklist.pdf>. (accessed 22<sup>nd</sup> march 2017)

