

Informed Consent to Nexplanon Removal Procedure (page 1 of 2)

Patient Name: _____ Today's Date: ___/___/___

Please initial your understanding and agreement with the following:

Patient/Parent (if applicable)

- ___/___ I understand the details of the procedure, including the anticipated benefits and material risks, that have been explained to me.
- ___/___ I am not allergic to iodine or anesthetics.
- ___/___ I have asked to have the contraceptive rod (Nexplanon) taken out of my arm.
- ___/___ I am aware that when the implant is taken out, **its contraceptive effects will not continue**, so if I don't want to get pregnant after Nexplanon is taken out, I can have a new implant put in or choose a different method of birth control today.
- ___/___ I choose to start using _____ for birth control OR
- ___/___ I do NOT choose to start using birth control.
- ___/___ I understand that it takes up to 30 minutes to take out Nexplanon, or longer if there are difficulties. First, the skin over the implant will be cleaned and numbed. Next, a small cut will be made close to the tip of the implant so that it can be removed. I am aware that I might feel some discomfort during this procedure. Once the rod is removed, I may experience light bleeding, bruising or soreness at the incision site for several days.
- ___/___ I am aware of the possible problems that might occur when taking out Nexplanon such as:
 - an allergic reaction to the anesthetic
 - pain, irritation, swelling or bruising where the implant was removed
 - infection
 - the implant could break
 - a second cut could be needed to take out the implant
 - a second visit could be needed to take out the implant
 - need for a special procedure such as outpatient or hospital surgery to remove the implant (the cost is the patient responsibility)
 - difficult removals may cause pain or scarring
- ___/___ I understand that if the Nexplanon rod cannot be found, its effects may continue.
- ___/___ I understand and accept that there are complications with any procedure, including the remote risk of death or serious disability.
- ___/___ I have informed the doctor of all my known allergies.
- ___/___ I have informed the doctor of all my medications I am currently taking including prescriptions, over-the-counter remedies, herbal therapies, aspirin and any other recreational drug or alcohol use.
- ___/___ I am aware and accept that no guarantees about the results of the procedure have been made.
- ___/___ The doctor has answered all my questions regarding this procedure.
- ___/___ **If I experience bleeding, redness or pus from the incision site I will notify the clinic.**

I certify that I have read and understand this treatment agreement and that all blanks were filled prior to my signature. I have had an opportunity to ask questions and discuss my concerns

I authorize and direct the provider _____, with associates or assistants of her choice, to perform the Nexplanon removal procedure on patient name: _____ at Girls to Women Health and Wellness on the right / left inner upper arm.

I further authorize the provider and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient Signature _____ Date ___/___/___ at ___:___

Parent/Guardian Signature _____ Date ___/___/___ at ___:___

Nexplanon Post-Removal Information

The first 24 hours

- You may have mild pain at the insertion site. The lidocaine (numbing medicine) lasts about 1-2 hours.
- Take 650-1000 mg of Tylenol (acetaminophen) every 4-6 hours as needed for pain, with a maximum of 2400mg per 24-hour period.
- You can expect minimal bleeding, bruising or redness at the insertion site (similar to a blood draw).
- Keep the large gauze bandage on for 24-48 hours and keep it dry to avoid infection.
- Keep the little bandage strips on for 3 days. Keep the site dry.

Contraception

Risk for pregnancy begins immediately after removal if no other hormonal medication is taken (even if your periods are irregular).

Your choice for contraception is _____.

Your menstrual cycle

You may revert to your normal cycle in 2-3 months.

Spotting and change in your cycle pattern is normal as well.

Call your physician (972-733-6565) if there are concerns or issues

- Pain lasts more than 24 hours or is severe.
- You have signs of infection at the removal site such as pus or drainage, spreading redness, or excessive bleeding.
- You have any other signs of infection such as fever, vomiting or diarrhea.