GRESLEYDALE HEALTHCARE CENTRE

Consent for insertion of intrauterine device/ intrauterine system (Mirena)

The IUCD/IUS

- Your doctor should have taken a full gynaecological, medical and obstetric history and performed an internal examination. You should also be aware of:
- The different available methods of contraception and the pros and cons of an IUCD/IUS
- The contraindications, failure rate and possible complications of IUCD/IUS insertion
- You should be given a leaflet detailing the above.
- Ideal time for fitting a IUCD/IUS is just after a period i.e. in the first 7 days of the cycle. It is
 important to avoid sexual intercourse 7 days before fitting to avoid risk of pregnancy. If there is
 a risk of pregnancy your doctor may still be able to fit a copper IUCD(but not a Mirena) as a
 form of emergency contraception under certain circumstances
- Prior to fitting you should have had a set of swabs taken to rule out any pelvic infection.

The fitting

- This will be done in the same position as for an internal/ speculum examination
- Your doctor will want to do a quick internal examination to check position of your womb
- You will then have a clip placed on the neck of the womb to steady it while the coil is being fitted, this may hurt a bit and some people feel faint; please alert your doctor if this happens
- A sound will then be inserted into the womb to check the size, prior to fitting the device. This
 may require some local anaesthetic. You may have some period like pains whilst the device is
 being inserted.
- Once the device is fitted the doctor will check with the sound that it is the correct place before removing the clip and cutting the threads. An internal will then be repeated.

Possible Complications:

You should have been councelled with respect to the effect an IUCD/IUS would have regarding:

- Uterine or ectopic pregnancy
- Changes in menstruation
- Expulsion or displacement of device
- Infection
- Discomfort or difficulty on fitting
- Perforation of the womb or displacement of the device

Advice for after the fitting:

- Make sure you continue to use condoms until your post fitting coil check at 6 weeks, to cover the risk of infection/ expulsion
- Seek medical advice if you get any unusual/ severe abdominal pain/ bleeding/ discharge/ miss period
- Always feel for the threads after every period and if cannot seek advice from you doctor promptly as you may be at risk of pregnancy

Consent for fitting of a IUCD/IUS:

| I (name) | of (address) |
|---|---|
| hereby consent to undergo the fitting of | |
| which has been explained to me by Dr _ | |
| I understand the procedure and I am aw | are of the risks involved as outlined above(TICK HERE) |
| Additional complications | |
| have been explained and I have no further questions (TICK HERE) | |
| signature of patient: | |
| | |
| I, Dr, con | firm that I have fully informed the patient named above about |
| the procedure and likely complications. | |

Date: _____ Signed: __