

GRESLEYDALE HEALTHCARE CENTRE

Consent for insertion of contraceptive implant

- You should be aware of:
- The different available methods of contraception and the pros and cons of an implant
- The contraindications, failure rate and possible complications of implant insertion
- You should be given a leaflet detailing the above.
- Ideal time for fitting an implant is any time that you are not pregnant, Ideally this would be within two weeks of your period, or if you are certain that you have not missed any pills or had unprotected sex in the last 4 weeks. If there is any doubt we may have to do a pregnancy test before it can be fitted,

The fitting

- It is fitted in your non writing arm about 2 inches above your elbow crease. The skin is cleaned and local anaesthetic is injected before the implant is inserted. There are no stitches.
- Once inserted you will be asked to feel it in position before a bandage is applied to the arm.
- *Please leave the bandage in place for at least 12 hours after insertion and take care not to fiddle with the implant for the first month as a capsule of skin will grow around it to keep it in place. It may move if you fiddle with it.*

Does the implant work immediately?

- **NO** – it takes up to 7 days for the implant to work fully so unless it is inserted in the first 3 days of your period you must not have sex or use the pill, for the first week.

Do I need to have any follow up?

- **NO** – unless you have unacceptable bleeding for the first few months- then please come and see us. Usually this can be controlled by taking the pill (either the progesterone only or the combined pill) for a few months.

Possible Complications:

You should have been counselled with respect to the effect an Implant would have regarding:

- Failure rate
- Changes in menstruation
- Infection
- **Removal**

Consent for fitting of a contraceptive implant

Date: _____

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 aware 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 _____, confirm that I have fully informed the patient named above about the procedure and likely complications.

Date: _____

Signed: _____