Intra-Uterine Contraceptive Devices (IUCD) Counselling & Consent Form

NAME:

AGE:

CURRENT/BRIDGING CONTRACEPTION:

OBSTETRIC HX:
PARITY: MODE OF DELIVERY: ECTOPIC: BREAST FEEDING:

GYNAE HX:
PELVIC INFECTION: PELVIC SURGERY:
UNSCHEDULED PV BLEEDING: FIBROIDS:

STI RISK:
DISCUSSED: ASSESSED:

MEDICAL HX:
CURRENT BREAST CANCER / LIVER DISEASE / VALVULAR HEART DISEASE / EPILEPSY:

CURRENT MEDICATIONS:

VASOVAGAL HX:

TAMPON USER: **SEXUALLY ACTIVE:**

INFORMATION FOR THE PATIENT

Reliability/Safety of an IUCD & the Insertion Procedure.

All IUCD's provide contraception directly to the womb without putting anything into the blood stream like many other contraceptives do. While very effective at preventing pregnancy, no IUCD will guarantee 100% protection. Most have a failure rate of approx. 0.8%[1]. In the event of an IUCD failure, there is a small increased risk of the pregnancy developing in one of the fallopian tubes – also known as an 'ectopic pregnancy'.

In some cases, the IUCD may work its way out of the womb (expulsion). The risk is 5%[1], but tends to be more common in people who have not given birth, or have very heavy menstrual periods. The most likely time for expulsions to happen is in the first few weeks or months after the device was inserted[1]. You should book to see your GP (or practice nurse) for an 'IUCD check' about 6-12 weeks after it was inserted. You should also check your device yourself once a month thereafter. Insert a finger into the deeper part of your vagina and feel for the thin plastic thread(s) that are attached to the IUCD to help confirm that the device is still in place. If you cannot feel the threads or if you have any other worries about your IUCD, avoid penetrative sex and book an appointment with your GP or inserting doctor.

The Placement procedure

The insertion /placement procedure is done while you are awake and in the GP surgery / Outpatient clinic. Some patients experience only mild pressure or discomfort while others may find the procedure very painful. Taking a pain medication in the hour before your appointment can help.

During the insertion, if you are **not comfortable** or wish to **stop the insertion** just tell your doctor and they will stop. Some inserting doctors routinely offer local anaesthesia - either as a spray, a gel or an injection. You should ask about this before you book your insertion appointment.

Consent

I request insertion of a: Jaydess / Kyleena / Mirena / Yanae / Other

I understand the following:

1. I have been advised that possible risks of IUCD placement include: pain & cramping, feeling dizzy or fainting at the time of the procedure.
2. I have been advised that there is a very small (about 1:1000) risk of the IUCD going through the womb when it is being put in (perforation) and a small chance of failure to correctly place the device. The perforation risk is higher in breast-feeding women. There is also a risk of womb infection, bleeding & rare allergic reactions to the device or its constituents.
3. I have been advised that there is a possibility that my womb may push out the device (expulsion). This risk is about 5%. Checking the vagina to see if the threads are still inside is important to reduce the risk of expulsion and possible pregnancy.
4. I have been advised that I might experience some bleeding or cramping for the first few days or weeks after the procedure. I will contact my GP or the inserting doctor in the event that pain or bleeding is severe or not improving.
5. I have been advised that the contraceptive protection of the copper devices starts to work immediately after insertion but that I should wait for at least 7 days after the insertion before relying on the hormone devices. Staying on the bridging contraception until after the 6-12 week IUCD check-up is also an option.
6. I have been advised that with the hormone containing devices (Jaydess / Kyleena / Mirena), my periods may eventually get lighter or stop all together.
7. I have been advised that with copper devices including Yanae, that my periods may get slightly longer and slightly heavier. This does not improve with time.

Signature of patient:

Date:

Signature of clinician:

Date:

1. FSRH, Intrauterine Contraception, March 2023.
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