

Consent form for procedures involving an Intrauterine Device

Client name: _____
File number: _____
DOB: _____

Overview of treatment

An intrauterine device (IUD) provides extremely effective and long-term reversible contraception. The hormonal IUDs (Kyleena® and Mirena®) provide contraception for 5 years. The non-hormonal Copper IUD (TT380 short) and Multiload 375 IUD provide contraception for 5 years and the Copper IUD (TT380 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 people 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.

A Copper IUD is an effective choice for people 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 from the day of insertion as a contraceptive. Side effects may include heavier and longer periods.

A hormonal IUD 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.

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Pre-insertion section

Not Applicable

(If removing only, please skip to next section)

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 spray may be used to reduce insertion-related pain. If you are concerned about pain, please discuss this with your clinician.
- **Bleeding**, which may occur during and after the procedure. It is usually minimal.
- **Hormonal IUD**: irregular and frequent light bleeding in the first 3-6 months. This usually settles. If it does not settle, management options should be discussed with a doctor.
- **Copper IUD**: sometimes heavy or painful periods. This may settle with time.
- **Sometimes the IUD may move unexpectedly or come out**. This can occur in 1 in 20 people, 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 uncommon. 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 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 and happens in about 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 pregnancy, miscarriage, and early delivery. In an ectopic pregnancy, surgery may be required, which can involve removing a fallopian tube. Rupture of ectopic pregnancy 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.

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- **Fainting:** Some people feel a little dizzy or may faint during the procedure. This is rare but easily managed if it does occur.
- **Failure to insert:** Although your clinicians are very experienced, sometimes they will be unable to insert the IUD at your appointment. If this happens they will make alternate arrangements for you.
- **Ovarian cysts:** There is an association between the hormonal IUDs and ovarian cysts but these cysts generally do not cause any problems.
- **If there is an issue with your IUD,** please contact us as we can arrange an ultrasound and any other tests to ensure your safety. We will always request bulk billing for these tests but non-medicare card holders will have an out of pocket expense.
- **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.

Contraindications

I understand that some medical conditions including, but not limited to, current or unresolved pelvic infection, undiagnosed 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.

Timing of removal

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

I understand the Copper IUD should 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.

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Pre-removal section

Not Applicable

(If inserting only, please skip to next section)

**Patient to
tick boxes**

Things to consider

- **Pain** may occur following removal of the IUD and can be managed with simple analgesics or topical heat packs.
- **The IUD may be unable to be removed** in some situations. If this happens your clinician will make alternate arrangements for you.
- **Return to fertility** can occur rapidly following the removal of the IUD.
If pregnancy is not intended, I have abstained from sexual intercourse for 7 days prior to removal and have arranged adequate ongoing contraception.

Allergic reactions

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

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

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Consent for insertion (if applicable)

Client

Based on the information above, I _____ willingly consent for my clinician to insert an _____ IUD (please specify type/brand).

By ticking the items above, I acknowledge that these are understood by me and have been discussed with my clinician.

Signed by client _____ Date __/__/____

Health professional

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

Signed by _____ Date __/__/____

Consent for removal (if applicable)

Client

Based on the information above, I _____ willingly consent for my clinician to remove my IUD. By ticking the items above, I acknowledge that these are understood by me and have been discussed with my clinician.

Signed by client _____ Date __/__/____

Health professional

I have explained the risks and benefits of implant removal to this client.

Signed by _____ Date __/__/____

Interpreter (if applicable)

Language: _____

I declare that I have interpreted the details on this form and the dialogue between the client and health practitioner to the best of my ability. I have advised the health practitioner of any concerns about my performance.

Signed _____ TIS Number: _____ Date __/__/____

* Adapted with the permission and courtesy of Sexual Health Quarters