

## PREPARING FOR THE INSERTION OF AN INTRAUTERINE DEVICE (COIL) OR AN INTRAUTERINE SYSTEM (MIRENA/JAYDESS)

We are keen to make your clinic visit as straightforward as possible. It is important that you have read the information and are suitable for the procedure on the day you come. If you have any questions we will be pleased to discuss these at your appointment, or prior to this by telephone.

### PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND.

Please tick the boxes to confirm that you have understood and agreed to the following:

I have watched the video on IUD/IUS insertion OR read the leaflet.

I am using an effective method of contraception and haven't had any problems (e.g. split condom, missed pills, overdue change of IUD/injection/implant). I have not had unprotected intercourse (or used the withdrawal method) since my last period.

*I understand it is not safe to insert an IUD/IUS if there is a chance I might be pregnant.*

If coming for a change of IUD/IUS I have either used condoms OR avoided intercourse in the 7 days before the appointment.

I am not at risk of sexually infected infection (e.g. I do not have a new partner) OR I have been recently tested negative for gonorrhoea/chlamydia.

I am aware of the risks or possible side effects;

1 in 20 risk of the device falling out

1 in 100 risk of infection

1 in 1000 risk of perforation of the womb

Failure rate (unintended pregnancy) of less than 1 in 100

Faintness or discomfort during the procedure (your usual painkillers can be taken prior to or after the procedure if you wish, eg paracetamol or ibuprofen)

I understand I will need a coil check 4 weeks after the procedure.

I understand I am responsible for recalling the date my IUD/IUS needs changing (3y for Jaydess, 5y for mirena, 10y for IUD).

I consent to the insertion of IUD/IUS

Signed

Name

Date