The Groves Hinchley Wood Coil Consent Form   
  
Name of Patient...............................................................................

Date of Birth.....................................................................................

Please confirm that you have understood and agreed to the following

• I have read through the leaflet on IUD/IUS

• I am using an effective method of contraception and haven’t had any problems (eg. burst condom/missed   
pill) OR I have not had sexual intercourse since my last period. I understand it is not safe to insert a coil if I   
might be pregnant.

• If attending for removal of coil and replacement I can confirm that I have not had sex without a condom in   
the last 7 days

• I understand that no method is 100% effective and there is a very small chance of failure (less than 1 in 100   
chance of pregnancy). If pregnancy does occur there is a higher chance of this being an ectopic pregnancy   
(occurring outside the womb)

• I understand that the IUD/IUS will not protect against sexually transmitted infections

• I understand that there is a small risk of infection in the first few weeks following insertion of a device

• I understand that there is a small risk of the coil being pushed out by the womb either fully or partially   
(about 1 in 20 chance). If I cannot feel the strings I should seek medical advice and not rely on the coil for   
contraception

• I understand that there is a 2 in 1000 risk of perforation of the womb at the time of insertion. If this   
happens I will need an operation to remove the coil. This risk of perforation is up to 6 times higher while   
breastfeeding. The risk is up to 2 times higher if the coil is inserted up to 36 weeks after having a baby even   
if not breastfeeding. Severe pelvic pain, pain during intercourse, heavy bleeding or pain lasting for more   
than a few weeks after insertion or not being able to feel the strings can be a sign of perforation and   
urgent medical advice should be sought

• I understand that occasionally due to stimulation of the nerves to the cervix during the procedure there   
can be a temporary episode of faintness (cervical shock) and that sometimes it is not possible to fit the coil   
despite trying

• I am aware that a copper IUD can make my periods heavier, longer or more painful

• I am aware that an IUS (Mirena) will usually make my periods lighter or cause them to cease but can cause erratic bleeding or persistent spotting in the first few months of use. For some people bleeding continues   
to be bothersome

• The IUD is effective immediately. The IUS (mirena) takes 7 days to be effective from insertion unless   
inserted in the first 5 days of my cycle so I need to use alternative contraception during this time

I consent to having a copper IUD / Mirena coil inserted.

This will need to be removed in ............. years

Name..................................................Date........................

Signature...............................................................

Name of fitter.............................................. Date......................................

Signature................................................................