**Consent Form:**

**Insertion of a Copper Intrauterine Device (Cu IUD)**

**(Non-Hormonal Coil)**

Patient details or ID label

Responsible Health Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* It can last for 5 or 10 years depending on the device fitted and works immediately
* Removal is possible at any time and your fertility will return to what it was before the device as soon as it is removed
* You still need to use condoms if you want to prevent sexually transmitted infections
* Local anaesthetic gel, injection or spray will be offered

**Risks**

* There is a small risk of **contraceptive failure** (less than 1:100) No method of contraception is 100% effective. If the Cu IUD fails, there is a risk of **ectopic pregnancy** (pregnancy in the tube)
* In the first few weeks after fitting there is a risk of **spotting / irregular bleeding**. **Periods may be heavier**, more painful and last longer and you may experience **pain** from the Cu IUD
* A routine follow appointment is not essential. We can teach you **how to feel the threads** at the time of fitting. However, if you have any concerns about infection, unusual pain or feel that your coil has come out or moved then please return to see us.
* There is a **1 in 20 risk of the Cu IUD falling out**. If you cannot feel the threads or if the stem of the device is felt, then alternative contraception is needed, and you should seek medical advice.
* There is a **small risk (2:1000) of perforation** of the uterus (the Cu IUD being placed outside of the womb) This risk is higher in breast feeding women. This could lead to a laparoscopy (keyhole surgery) to remove the device.
* Please tell the fitter **if you feel unwell** during the procedure, occasionally a woman feels lightheaded and rarely can have low blood pressure and pulse. This will be monitored throughout.

Patient ID label

* There is a possibility of pelvic infection (pelvic inflammatory disease) if there is an infection present at the cervix at insertion. We offer a **swab for chlamydia and gonorrhoea** to be taken prior to or at the time of fitting, to minimise the chance of risk to future fertility and pelvic infection. We may prescribe anti-biotics at the time of fitting after discussion of risks with you.
* Please seek medical help if you notice abnormal discharge, pelvic pain, temperature, abnormal bleeding or a late period

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The clinician and the patient have discussed what the procedure is likely to involve, the benefits and risks and the patient has had the opportunity to ask any questions about the procedure or raise any concerns

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**Doctor / Nurse to sign**

* I have explained all the information in a way that the patient understands, and the patient has been given the opportunity to ask any questions

Signed: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Patient to sign**

**Would you like a copy of this form? Yes / No**

* I am not aware of any reason why I should not have a Cu IUD (such as pregnancy, pelvic infection, cardiac surgery, pulmonary hypertension, genital tract / breast / liver cancer, allergies to copper or to local anaesthetic)

Patient’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (PRINT) Date\_\_\_\_\_\_\_\_\_

*You have a right to change your mind at any time - even after you have signed this form*

**Interpreter** (where appropriate)

* I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she can understand.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_