

Name

DOB

Self-assessment checklist/consent pre Implant June 2020

	YES
I have watched the recommended video on Nexplanon contraceptive implant	
I understand that this is the most effective female method of contraception available but that no method is 100% effective and that there is a small risk of failure	
I understand this method gives no protection against sexually transmitted infections	
I understand that it lasts for up to 3 years but I can have it removed before this after discussion with a health professional	
I understand that my fertility should return to whatever it would normally be within a few days after removal	
I understand I may experience some hormonal side effects from the method, these may include: <ul style="list-style-type: none">• Change in bleeding pattern- no periods, occasional spotting, regular periods, prolonged/nuisance bleeding pattern• Headaches, breast symptoms, skin changes, weight gain I understand these side-effects will usually settle after the first few months of use	
I understand that the fitting procedure: <ul style="list-style-type: none">• involves a local anesthetic• I am likely to have bruising and discomfort around the insertion site for up to a week• I need to keep the area dry until the small wound is healed- usually 3-4 days• Insertion and removal of implants will leave a small scar	
There are some very rare but serious risks including: <ul style="list-style-type: none">• Nerve damage of the arm• Migration of the implant- where it can move to another area of the body These risks are minimal when fitted by a registered and experienced practitioner	
I will check I can feel my implant in my arm 6 weeks post fit and monthly from then on and contact the surgery if I can't feel it then or at any other point	
I understand the implant can normally be removed in the GP surgery or via a Sexual Health clinic. Very occasionally it may fail to be removed, or if it cannot be felt prior to attempted removal- I may need to be referred to a specialist clinic for further management.	
I understand it is important to fit this when I am not already at risk of pregnancy: <ul style="list-style-type: none">• I am using a hormonal method of contraception correctly....OR• I have not had vaginal sex since the beginning of my last period.....OR• I have not had vaginal sex for at least 3 weeks.....OR• I am having an existing implant replaced which is still in date	
Patient Signature	Date
Print Name	