

DEVON SEXUAL HEALTH

Consent to fitting of an Intrauterine Device (IUD)

Name;

Date of Birth;

Affix patient
label here

I AGREE TO THE FOLLOWING;

I have been counselled about the device and the fitting procedure.

I have been offered information about the IUD and procedure to read in my own time.

I understand that I can change my mind at any time.

I understand the risks associated with the fitting of an intrauterine device-

Pelvic pain

Pelvic infection

Perforation 1-2/1000 (greater risk in breast feeding women 6-12/1000)

Expulsion 5% (may be higher in some cases)

Risk of malposition and embedded IUD

Pregnancy which may be an ectopic pregnancy

Fainting or feeling unwell during or after the procedure

Failure to fit the IUD

I have been informed about when the IUD will need to be replaced.

I confirm that I want to have a:

- Copper IUD (10 year device/5 year device)
- Hormonal IUD (Levosert/Mirena/Kyleena/Jaydess)

I will be informed if it cannot be fitted for any reason.

Patient

SignatureDate.....

Clinician

Signature.....Date.....