 

**Consent to removal of a contraception Subdermal implant**

Name; Date of Birth; Lilie number;

I AGREE TO THE FOLLOWING;

I have been counselled about the process for removal of a Subdermal Implant.

I accept having less time to consider the information given if having the procedure today.

I understand the risks associated with the removal of a Subdermal Implant ;

 Wound infection where it has been inserted.

 Scarring.

 Alternative contraception will be needed immediately following removal.

Very rarely the implant may be difficult to remove because of adhesions or positioning.

If removal is unsuccessful today a referral to another practitioner or a deep implant service may be necessary.

Bleed patterns will change following removal and depending on what method of contraception you use next.

I am aware that some skin deterioration around the insertion site may occur with a removal.

 I am aware the procedure will involve local anaesthetic.

Signed ................................................................................................Date.................................

HCP Signature.....................................................................................Date.................................