

DEVON SEXUAL HEALTH

Consent to fitting of an Intrauterine Device (IUD)

Name:

Date of Birth:

I AGREE TO THE FOLLOWING:

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

I have been provided with information about the IUD 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 (greater risk in breast feeding women)

Damage to the uterine wall and the device becoming embedded

Expulsion

Pregnancy which may be an ectopic pregnancy

Failure to fit the IUD

I am aware of possible changes to my bleeding following an IUD fit and possible hormonal effects of the hormonal IUD.

I have been advised to check my IUD threads regularly to confirm that the IUD is not expelled. 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.

SignedDate.....

Clinician Signature..... Date.....