

**Name of Procedure: Progestogen Only Sub-dermal Implant:
Insertion (all points) / removal (see*)
Statement of Health Professional**

I have explained the procedures to the client. In particular, I have explained:

- * The benefits and risks of alternative contraceptive methods and addressed any particular concerns raised.
- The implant is intended to prevent pregnancy. It lasts 3 years, unless removed earlier, with a rapid return to fertility once removed.
- A change in monthly periods is to be expected. There may be no bleeding, or more commonly irregular bleeding which, rarely, may be prolonged. Changes in the bleeding pattern can happen at any time during the lifespan of the implant.
- If bleeding is a problem you will be offered tablets to treat this first, rather than immediate implant removal.
- There is no evidence that the implant use is associated with changes in weight, mood, libido or headaches.
- There is a very small chance (less than 1 in 1,000) of pregnancy. There is no evidence that the implant will affect the development of a pregnancy.
- It is usually fitted, with anaesthetic, under the skin of the upper arm leaving only a tiny (<5mm) scar.
- *Some discomfort/bruising may occur at the insertion/removal site, which may last a few days.
- *A local anaesthetic is needed to remove the implant. The removal will leave small (<1cm) scar.
- Extremely rarely an implant placed closely to a nerve or blood vessel may be very difficult to remove without causing damage to that nerve or blood vessel.* Rarely (1 in 100), it may **not** be possible to remove the implant in a community clinic. In this case, the implant may need to be removed in different clinic, by an experienced doctor using ultrasound guidance. The scar may be longer and occasionally need 1-2 stitches. Occasionally a general anaesthetic may be required.
- * Following removal the area should be kept clean and dry for 5 days before soaking the arm in the bath or shower to allow easy removal of steri strips.
- * Fertility returns immediately following removal of an implant and an alternative contraceptive method is required
- *This list is not exhaustive and other rare and unpredictable side effects are possible such as the implant moving away from the insertion site

The FPA leaflet '**Your guide to the contraceptive Implant**' has been given to the client.

Signed: Date:

Name (PRINT) Job title

Statement of interpreter (where appropriate)

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

Signed Date..... Name (PRINT).....

Statement of patient/person with parental responsibility for patient

I agree to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand and accept the risks and potential complications that have been explained to me above.

Signature Date

Name (PRINT) Relationship to patient