

**Aneurin Bevan University Health
Board Consent for IUD
Insertion/removal**

Name:

D.O.B. / /

**Name of Procedure: Insertion/removal of an IUCD.
Statement of Health Professional**

I have explained the procedures to the client and in particular I have explained:

- The benefits and risks of alternative contraceptive methods and addressed any particular concerns raised.
- The IUCD is intended to prevent pregnancy. This IUCD will last 5/10 years unless removed earlier.
- About 2 times in 100 the doctor will be unable to fit the IUCD.
- Cramping pains may occur during fitting. Very rarely fainting may occur which needs treatment. Cramping may also recur in the first few days but this should respond to simple painkillers.
- Periods may become heavier, longer or more painful using an IUCD. Spotting between periods may also occur. Your Clinic or GP can give you treatment to help these.
- About 5 times in 100 the IUCD will fall out but this may not be noticed by the user. If, at any time, the threads can no longer be felt additional contraception should be used until the position of the IUCD has been reviewed.
- A pregnancy occurs using an IUCD in about 1 in 100 women per year. A positive pregnancy test requires urgent medical attention to exclude an ectopic pregnancy.
- Rarely, in the first 3 weeks after fitting, an infection may occur. If pain, discharge or fever occur an urgent check up is needed. After 3 weeks the risk of infection is no higher than in women not using an IUCD.
- Very rarely (less than 2 in 1,000), the IUCD can go right through the wall of the uterus when it is fitted or soon afterwards (perforation). This would need an operation (laparoscopy /laparotomy) to remove it. Breast feeding women have a 6 fold increase in the risk of perforation. Women who have had a baby within the last 36 weeks have a higher risk of perforation than those attending more than 36 weeks after delivery for IUCD fitting.
- Removal of an IUCD is usually a much lesser procedure with minimal (if any) discomfort.
- This list is not exhaustive and other rare and unpredictable side effects are possible.

You have been provided with a link to the FPA IUD leaflet (last accessed 23.6.20)

<https://www.sexwise.fpa.org.uk/contraception/iud-intrauterine-device>

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

Confirmation of Consent (to be completed by health professional when the patient attends for the procedure, if the client has signed the form in advance)

I have confirmed that the client has no further questions and wishes the procedure to go ahead.

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

Name (print)..... Job title.....

Copy taken by patient

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