

Aneurin Bevan University Health Board Consent for IUS Insertion / Removal

Name:

D.O.B. / /

Name of Procedure: Insertion/removal of an IUS.

Statement of Health Professional

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

- The benefits and risks of alternative contraception/treatments and addressed any particular concerns raised.
- This IUS is intended to: prevent pregnancy / treat heavy periods / form part of an HRT regimen*
- There are several devices with differing amounts of progesterone and duration of action 3 – 5 years. You are having a Mirena/Levosert/Kyleena/Jaydess*
- Mirena/Levosert can be used for contraception for at least 5 years. Mirena only can be used for HRT for up to 5 years. Mirena/Levosert can be used for heavy periods as long as symptoms are controlled. Kyleena can be used for contraception only for 5 years and Jaydess for contraception only for 3 years.
- About 2 times in 100 the doctor will be unable to fit the IUS.
- 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 oral analgesics.
- Irregular bleeding (possibly daily) may occur in the first 3-6 months. After this is it common to have no (or very light) periods. Any irregular or worsening loss should be reported to your GP or Clinic.
- About 5 times in 100 the IUS 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.
- In fertile women pregnancy occurs in IUS users in only 2 in 1000 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 in the uterus. If pain, discharge or fever occurs a check-up is needed. After 3 weeks the risk of infection is no higher than in women not using an IUS.
- Very rarely (less than 2 in 1,000), the IUS 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 IUS fitting.
- Removal of an IUS 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.

* **Delete as appropriate**

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

<https://www.sexwise.fpa.org.uk/contraception/ius-intrauterine-system>

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 is admitted 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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