

### **Consent for Copper IUD**

- I confirm I have abstained (not had) sex since the start of my last period or that I am using an alternative reliable form of contraception (condoms alone is not enough).
- I confirm that I have watched the video and read the information on [Contraceptionchoices.org](http://Contraceptionchoices.org)
- I understand that there is a 1 in 1000 risk of perforation of the womb during a coil fitting
- I understand there is a 1 in 20 chance of the device falling out. If I cannot feel my coil threads I should seek medical advice and not rely on the coil for contraception.
- I understand there is a small increased risk of infection in the first few weeks following my coil fit
- I understand that occasionally due to stimulation of the nerves to the cervix during the procedure there can be a temporary episode of faintness (cervical shock) and that sometimes it is not possible to fit the coil despite trying
- I understand that no method is 100% effective and there is a very small chance of failure (less than 1 in 100 chance of pregnancy). If pregnancy does occur there is a higher chance of this being an ectopic pregnancy (occurring outside the womb)
- I understand the copper coil may make my periods heavier and longer or more painful

### **Statement of Patient**

I agree to the procedure described above

I understand that the procedure will involve local anaesthesia if needed

Signed-

Date-

Name (PRINT)