

Consent for IUS (Mirena/Kyleena/Jaydess)

- 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 [contraception choices.org](http://contraceptionchoices.org)
- I understand that there is a very small (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 and consent to a swab for STI screening to be taken at the time of fitting
- 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 IUS may cause erratic bleeding or spotting for the first 3-6 months.
- I understand the IUS has low strength progesterone which can occasionally cause changes to skin, weight & mood.

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)

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