

## Preparing for the insertion of an intrauterine device (Copper IUD) or an intrauterine system (Mirena) at The Writtle Doctors Surgery

We are keen to make your clinic visit as straightforward and streamlined as possible. We will try to insert an IUD/IUS for you at our clinics therefore it is important that you have read all the information and are suitable for the procedure on the day you come. Please ask any questions if you have any concerns. **Please bring this form with you when you attend the clinic.**

Please tick the boxes to confirm that you have understood and agreed to the following:

- I have read the leaflets or I already have an IUD/IUS and am familiar with the method.
- I am using an effective method of contraception and haven't had any problems (e.g. burst condom, missed pills, IUD overdue for change). I have not had unprotected sex (or used withdrawal) since my last period. I understand that it is not safe to insert IUD/IUS if I might be pregnant.
- I will make sure that I have had breakfast/lunch on the day of the appointment. A painkiller can be taken around an hour in advance.
- I am not at risk of sexually transmitted infection (e.g. I do not have a new partner) or I have been tested recently for chlamydia/gonorrhoea.
- I understand that no method is 100% effective and that IUD/IUS has a very small risk of failure (less than 1 in 100 chance of pregnancy).
- I understand that there is a 1 in 1000 risk of perforation of the womb, infection and bleeding at time of insertion of the device.
- I understand that there is a 1 in 20 chance of the device falling out.
- I understand that the IUD/IUS will not protect me against sexually transmitted infections and condoms in addition are recommended for example if I have a new partner.
- I know that a copper IUD might make my periods slightly heavier, longer and more painful.
- I know that an IUS (Mirena) will make my periods much lighter but causes erratic bleeding and spotting in the first few months of use.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I ..... D.O.B. ....
Consent to the insertion of an intrauterine device by the doctor I acknowledge that I have read and understood all the information provided by the doctor/nurse
Signed.....
Date.....

This procedure has been explained to the patient and witnessed by
Signed.....
Print name.....
Designation .....
Date .....