

# Preparing for the insertion of a Nexplanon hormonal implant 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 implant 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 implant 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, implant 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 an implant if I might be pregnant.
- I understand that no method is 100% effective and that the implant has a very small risk of failure (less than 1 in 100 chance of pregnancy).
- I understand that my periods will probably change (irregular periods, no periods or longer lasting periods).
- I understand that I may get temporary side effects such as headache, mood changes and breast tenderness. These should stop within a few months.
- I understand that some women may get acne or worsening of existing acne with the implant
- I understand that there is a risk of scarring, bruising and infection when the implant is fitted or removed.
- I am aware I should not take over the counter St John's wort or enzyme inducing medications so will check if I am prescribed any new medications that they won't stop the implant working.
- I understand that the implant will not protect me against sexually transmitted infections and condoms in addition are recommended.

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 .....