

**CONSENT FORM FOR INSERTION OF IUS
THE OLD SCHOOL SURGERY**

Patient name: Date of Birth:

Address:

Patient Agreement to Treatment

Name of Procedure: Insertion of Intrauterine Contraceptive System IUS (Mirena)

The intended benefits:

- To prevent unwanted pregnancy – this is not 100% effective

The possible risks:

- There is a very small chance of getting an infection during the first 20 days after an IUS is put in.
- The IUS can be pushed out of your womb (expulsion) 1 in 20.
- There is a very small risk that an IUS might go through (perforate) your womb or cervix when it is put in; 1.3 in 1000.
- If you do become pregnant whilst using an IUS there is a small increased risk of you having an ectopic pregnancy.
- There is a risk of cervical shock which can make you feel light-headed and drop your blood pressure. Occasionally we need to give you special drugs to correct this at the time of the fit.

Statement of Patient:

- I have read ‘‘Your Guide to the IUS’’.
- I agree to the procedure described above.
- I understand that the person performing the procedure will have appropriate experience.
- I understand the procedure will involve the use of a local anaesthetic gel.
- I confirm that I have been using an alternative form of contraception or avoided intercourse since my last normal period or I am absolutely certain of not being pregnant.

Name and Signature of Patient

Name and Signature of Doctor

Date: