

Consent Subdermal Contraceptive Implant

THE OLD SCHOOL SURGERY CONSENT FORM

Name of Patient:.....Date of Birth:

Address:.....

Patient agreed to Treatment

Name of procedure:

Insertion of subdermal contraceptive implant (Nexplanon)

The intended benefits:

- To prevent unintended pregnancy - this is not 100% effective.
- The implant lasts for three years. The failure rate is less than 1/ 1000.

The possible risks:

- The implant requires a small procedure to fit and remove and can cause bleeding or bruising after the procedure and you will have a small scar.
- Rarely the removal of the implant may be difficult and require referral to a specialist service
- There is a very small risk of infection at the insertion site
- You may develop progesterone related side effects which can include headaches, mood changes and acne. These tend to be most common in the first few months after insertion.
- Your periods may change in a way.
 - 1 in 5 women have no periods when using the implant
 - 1 in 10 women have more frequent or longer bleeding, if this occurs you should speak to a GP at the surgery as we can treat this.
 - The remainder of women have lighter irregular periods

Statement of patient

- I have read "Your guide to the contraceptive implant"
- I agree to the procedure described above
- I understand the person performing the procedure will have appropriate experience
- I understand the procedure will involving the use of a local anaesthetic injection
- I confirm that I have been using an alternative form of contraception or avoided intercourse since my last normal period or am absolutely certain of not being pregnant

Name and signature of patient.....

Name and signature of doctor.....

Date.....