

Consent for Copper Intrauterine Device

THE OLD SCHOOL SURGERY CONSENT FORM

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

Address:

Patient agreed to treatment

Name of procedure:

Insertion of copper intrauterine device (IUD) -T-Safe Cu380A

The intended benefits:

- To prevent unintended pregnancy - this is not 100% effective.
- The IUD lasts for 10 years. The failure rate is less than 1/ 100.

The possible risks:

- There is a small risk of developing infection in the first 20 days after the IUD is fitted
- The IUD can be pushed out of the uterus (expulsion) or move (displacement). This is not common and more likely to occur soon after the fit. It is important to attend your six week check and we can show you how to check your threads each month.
- It is uncommon but there is a small risk of 1.3 :1000 that the IUD can go through (perforate) the uterus or cervix when it is inserted. If this happens the IUD may need to be removed by surgery.
- If you do become pregnant whilst using the IUD there is a small increased risk of having an ectopic pregnancy,
- Your periods may change. You may have spotting or irregular bleeding in the first six months. Some women's periods may become heavier, longer or more painful. This may improve after a few months.
- There is a small risk of cervical shock during the IUD fitting.

Statement of patient

- I have read "Your guide to the IUD"
- 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 gel
- 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

Signature of patient..... Date

Name and signature of doctor.....