INFORMED CONSENT PROFORMA

This document is intended to assist patient understanding of and written consent for a common gynaecological procedure or condition.
It is intended to assist structured discussion of a medical condition and procedure. It never replaces discussion with the health care team and individualised clinical care.

Developed and endorsed by SASOG as part of the BetterGYN® programme

CONSENT FOR INSERTION OF INTRA-UTERINE DEVICE or SYSTEM

I, _____

hereby authorise my health care giver: _____

to insert a contraceptive (to prevent pregnancy) device into my uterus (my womb), of the following type:

_____.

The nature, extent, and purpose of the procedure and the device, possible alternative methods of treatment, the risks involved, period of efficacy and the possibility of complications were discussed with me and I understood the explanation. I also give consent for the use of local or systemic analgesic (pain stilling) medication as may be needed.

The risks and complications may include, but are

not limited to:

- *Pain, dizziness and cramping at the time of and shortly after insertion*
- *Failure to insert the device*
- *Bleeding or infection due to insertion*
- *Perforation or imbedding, displacement, expulsion of the device or lost strings*
- *Allergic or untoward reaction to any of the drugs or devices*
- *Increase in menstrual volume and pain for Copper-containing devices*
- *Decrease in menstrual volume for progestogen releasing devices*
- *Hormonal side effects for progestogen releasing devices*
- *Contraceptive failure which means falling pregnant while using the device, either in or outside the womb (ectopic pregnancy)*

I acknowledge that no guarantee can be given regarding the results that may be obtained. I understand that it is encouraged that the position of the device should be checked after my next menstrual period, and that the threads may be palpable at the top of my vagina.

I am aware of the following medical conditions, treatments or allergies that I have which may be of importance:

_____

I certify that I have read and fully understand the above consent, that I had the opportunity to ask questions and to make an alternative decision.

Patient: _____ Witness: _____

Date: _____ Date: _____

Health care provider: _____

Date: _____