

Ridgmount Practice Consent Form

Name of Patient

Date of Birth

NHS No:

Patient agreement to Treatment

Procedure: **Insertion of Intrauterine contraceptive Device (IUCD or coil)**

Benefits of procedure: to prevent unplanned pregnancy

I understand that:

- The IUCD although highly effective at preventing pregnancy is not 100% effective
- There is a small chance of getting an infection during the first 20 days after the IUCD is inserted
- The IUCD can occasionally be pushed out (expelled) by the womb or move position (displaced)
- Occasionally due to stimulation of the nerves to the cervix during the procedure, there can be a temporary episode of faintness (cervical shock)
- There is a very small (about 1:1000) risk of the IUCD going through the womb or cervix when it is being put in (perforation)
- If pregnancy does occur despite having an IUCD, there is a possibility of this being an ectopic pregnancy because the IUCD cannot prevent the rare cases of pregnancy outside the womb.
- **The IUCD can commonly cause the periods to become heavier**

Patient Statement

- I have read the leaflet about intrauterine contraceptive devices and have been given an opportunity to ask any questions. I have been advised about pre- insertion analgesia.

- I agree to the procedure described above
- I confirm that I have been using alternative contraception or avoided intercourse since my last normal period.

Signed

Date

NAME(Print)

Statement of Health Professional

- I can confirm that the patient is aware of the benefits and adverse effects of this procedure as outlined above.

Signed

Date

NAME

This form will be scanned into the patient's notes. The patient may have a copy if wished.