

## Ridgmount Practice

### **Consent to Treatment**

Procedure: **Insertion of Intrauterine System (IUS or Mirena coil)**

NAME

DOB

NHS number

#### Intended purpose of treatment

- To prevent unintended pregnancy
- To reduce the heaviness of periods
- To protect the womb from excessive thickening as part of hormone replacement therapy (HRT)

(Delete those which do not apply)

#### Possible adverse effects:

- Although a highly effective means of preventing pregnancy, the IUS or mirena is not 100% effective
- Because of the way the IUS works, the periods will be very likely to change. For the first few weeks after insertion, it is normal to experience regular light shedding of blood or spotting which will usually settle after 12 weeks. After this time, the periods may become very light and often there will be only very occasional bleeding.
- There is a small increase in the risk of infection for the first 20days after insertion
- There is a small risk (less than 1 in 20) of the device later being pushed out (expelled) by the womb or moving
- Occasionally due to stimulation of the nerves to the cervix during the procedure, there can be a

temporary episode of faintness (cervical shock).

- During the insertion procedure, there is a very small risk (about 1:1000) of the IUS going through the womb (perforation)
- Hormonal effects have been associated with the mirena/IUS such as greasy skin/weight change and mood change.

**Patient Statement**

- I have read the leaflet and been advised about pre- insertion analgesia.
- I have had an opportunity to ask questions
- I have either abstained (not had) from sex since my last period or I am using another method of contraception, other than condoms (please state which method)
- I agree to the insertion of the IUS
- I understand it will alter my periods.
- My IUS will need to be changed in     years (usually 5 years if under 45 at time of insertion and inserted for contraception, 4 years if for HRT. Can stay in until a year after menopause if over 45 when inserted and not using HRT) . It is my responsibility to keep a note of this date.

**NAME**

**Signature**

**DATE**

This form will be scanned into your notes. Please ask for a copy if you would like one.

**Signature of health professional**

NAME

Date

Signature

Job Title