

CONSENT FOR IUD OR AN IUS (MIRENA) AT MARYSVILLE MEDICAL PRACTICE

GP/ ANP- go through this list with the patient. If unsure/ uncertain suitable ask a coil fitter GP.

Patient; Please tick the boxes to confirm that you have understood and agreed to the following:

- I have watched the short film on IUD/IUS (at www.lothiansexualhealth.scot.nhs.uk or read the leaflets or I already have an IUD/IUS and am familiar with the method
- I am using an effective method of contraception and haven't had any problems (e.g burst condom, missed pills, IUD overdue for change). I have not had unprotected sex (or used withdrawal) since my last period.
I understand that it is not safe to insert an IUD/IUS if I might be pregnant.
- I will make sure that I have had breakfast/lunch on the day of the appointment. A painkiller can be taken around an hour in advance.
- I am not at risk of sexually transmitted infection (eg I do not have a new partner) or I have been tested recently for chlamydia / gonorrhoea.
- I understand that no method is 100% effective and that the IUD/IUS has a very small risk of failure (less than 1 in 100 chance of pregnancy).
- I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion of the device.
- I understand that there is a 1 in 20 chance of the device falling out.
- I understand that the IUD/IUS will not protect against sexually transmitted infections and condoms in addition are recommended for this if for example I have a new partner.
- I understand that there is a small risk of infection (1 in 100) in the first few weeks following insertion of a device.
- I know that a copper IUD will make my periods slightly heavier, longer and more painful.
- I know that an IUS (Mirena) will make my periods much lighter but causes erratic bleeding and spotting in the first few months of use.
- Replacment IUS/IUD- You need to use additional Contraception/or have no sex in the week before the IUS is changed (in case the replacement IUs/ IUD cannot be fitted)

Patient; _____ Signed _____ Date:

GP/ ANP _____ Signed _____ Date:

**GP/ANP- give completed form to reception to be scanned on patient notes
"consent IUD"**

Give patient info leaflet on P2

BOOKING AN APPOINTMENT

When booking an appointment please ensure you say **'COIL FIT'**
- this will ensure that the correct number of appointment with GP and Nurse are booked.

BEFORE YOUR APPOINTMENT

Do check that you have read more fully about the method- short video at www.lothiansexualhealth.scot.nhs.uk is very useful

Take Paracetamol or Ibuprofen (but not if breastfeeding or asthmatic) about 30 minutes before the procedure.

You will probably have some bleeding vaginally after the procedure so bring a sanitary pad with you.

Most women feel well enough to carry on as normal/drive home but a few do need to rest at home for a few hours.

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CHANGED YOUR MIND?

PLEASE CANCEL IN GOOD TIME AS 4 APPOINTMENTS WILL HAVE BEEN BOOKED FOR THIS PROCEDURE.

AFTERWARDS

You may get some period like cramps for 2-3 hours but this should not be severe. If this persists or you feel very unwell please contact the surgery for advice.

You should check the device is still in the womb by feeling for the threads. You will not dislodge the Mirena by doing this.

Tampons are best avoided for 4 weeks and few women need to use them anyway. there may be light bleeding on most days for some weeks but this should gradually lessen with time.

There is no need for any planned checks afterwards unless there are any concerns, but it is advisable for you to check the threads after each period/every month or so . If you are concerned you cannot feel the threads or have concerns about the IUS please contact reception who will book you in with the Practice Nurse or GP.

Thank you