

Request & consent for the removal of an intrauterine device (IUD)



- ◆ Please read this form carefully before you have your consultation with the doctor.
- ◆ You should tick or mark the box next to each paragraph to indicate that you have read and understood that section.
- ◆ You will have the opportunity to discuss any specific questions or concerns that you may have when you talk with the doctor
- ◆ Please do not sign this consent form until you have spoken with the doctor.

Your name: _____ DOB _____

Overview of treatment:

- Your intrauterine device (IUD) will be removed by grasping the strings which are attached to it and pulling the device out through your cervix (the neck of the womb). If your IUD appears to still be present within the womb on an ultrasound examination, but the strings are no longer able to be seen in the cervix, special instruments will need to be inserted through the cervix into the womb to hook onto the IUD and remove it. A sedation anaesthetic may be required to make the removal process more comfortable.

Risks and side effects:

- The removal of an IUD is often associated with some temporary discomfort and cramping.
- There may be some vaginal bleeding after the removal of an IUD, and this bleeding is variable and generally settles over a few days.
- All IUD devices are reversible contraceptives, which means that your menstrual cycle will return to what is normal for you over the following months.
- Following the removal of an IUD, your fertility will also return to what is normal for you, and you will need to consider alternative methods of contraception if you do not wish to become pregnant.
- When your IUD is taken out, there is a risk of pregnancy if you have had unprotected sex during the 7 days before the IUD is removed.
- Some women who have a Mirena IUS taken out may notice some mood change for up to a few weeks after the removal.
- Intravenous anaesthetic drugs and/or local anaesthetic may be given to me to assist with the safe completion of the removal procedure. If used, the sedation anaesthetic medications and some other drugs are given by intravenous injection. These medication carry some risk, including allergic reactions, however these are rare. Drug reactions may be potentially serious, but can usually be treated effectively with no long-term consequences for the patient. It is important that you have had nothing to eat for 6 hours before the procedure and no water to drink for 3 hours before the procedure. You must also tell the doctors about any existing health problems or known allergies.

Additional, unforeseen costs

- It is sometimes necessary to arrange for additional diagnostic tests or for treatment at another facility by another medical practitioner, in circumstances that were not foreseeable or not known to be needed at the time this consent was given. You will be advised if any such tests or referrals are necessary, but you will be responsible for any costs that may arise if this happens.

Do you have any specific concerns or questions?

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By signing this consent form:

- I am requesting and consenting to the removal of my IUD, along with the administration of anaesthetic drugs and any other medications normally associated with this procedure.
- I am acknowledging that I have read and understood this consent form. I have had the opportunity to ask the doctor questions, and I am satisfied with the answers to these questions.
- I understand that it is possible to fall pregnant if I have had sexual intercourse in the last 7 days.
- I acknowledge that all care will be taken to provide an uncomplicated outcome from my procedure, but that no guarantees or assurances have been made to me concerning the results of this procedure.
- I understand that it is impossible to list every possible adverse outcome or complication that could occur and that surgical procedures may not always be successful. I accept all risks, whether stated or unstated, and I understand that complications can occur in any operation or procedure.
- I understand that, if I have been given an intravenous sedation anaesthetic for the IUD removal procedure, then I must not sign legal documents, operate machinery or drive a car until the day following that procedure

Patient signature _____
(to be signed during the consultation with the doctor)

Date ____/____/____

I have consulted with the patient, explained the procedure and answered any of her questions. I believe that she has understood the nature and purpose of the procedure and wishes to proceed.

I have also reviewed the patient's contraceptive requirements following the IUD removal.

Doctor's signature _____

Doctor's name _____

____/____/____