

Request & Consent for the Insertion of a Mirena IUS

- ♦ 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.



Name: _____

DOB _____

Overview of treatment:

- A Mirena IUS is a small T-shaped plastic device which will slowly release a progestogen hormone inside the womb for 5 years. The Mirena device is inserted through the cervix, the natural opening into the womb, and this procedure can be done with sedation anaesthetic to make the process much more comfortable. The Mirena IUS provides effective protection from unplanned pregnancies for up to 5 years, but is also used to control heavy menstrual bleeding.

Alternative long-acting contraceptives:

- Non-hormonal intrauterine devices (IUDs) which are made from copper and plastic, and which have similar effectiveness to a Mirena IUS. Some copper-based IUDs can be used for longer than 5 years. A copper-based IUD will commonly cause heavier, longer and possibly more painful menstrual periods.
- The Implanon hormonal implant, which is inserted under the skin of your upper arm and which lasts for 3 years. Implanon insertions are not offered at The Private Clinic, but many local medical centres do provide this service.

Contraindications or precautions:

- A Mirena IUS should not be inserted in the following circumstances - current or recurring infection in your pelvis or uterus; a recent (within 3 months) sexually transmitted infection; untreated bacterial vaginosis; undiagnosed abnormal vaginal bleeding; an abnormal Pap smear which may require further treatment; abnormalities of the uterus cavity; acute liver disease; known or suspected pregnancy; known or suspected carcinoma of the breast.
- The following conditions may increase the risk of problems with the use of a Mirena IUS- previous deep vein thrombosis (DVT); uterine scars; uterine fibroids; migraines or severe headaches; having multiple sexual partners. Women who have not had children or a vaginal delivery of a child may sometimes find Mirena uncomfortable around the time of insertion.

Risks and side effects:

- The insertion of a Mirena is associated with some temporary discomfort and cramping.
- Intravenous anaesthetic drugs and/or local anaesthetic may be given to me to assist with the safe completion of the insertion procedure.
- There is usually some light to moderate vaginal bleeding after the insertion of a Mirena, and that this bleeding generally settles over a few weeks, but may sometimes last for several months.
- The bleeding with my periods will be greatly reduced when I am using a Mirena, and that my periods may stop altogether.
- There is a risk of infection when an intrauterine contraceptive is used, and that this risk is highest in the first month after insertion.
- An intrauterine contraceptive does not protect against sexually transmitted infections, and that I should take appropriate precautions if I am at risk of a sexually transmitted infection.
- The Mirena device can sometimes fall out, and that I should get advice about what to do if this does happen.
- Hormonal effects from Mirena are not common, but can include mood changes, headaches, acne, breast tenderness and weight gain.
- A Mirena device provides very good contraception over 5 years, and that at the end of the 5 years I should have the device removed, and a new Mirena inserted, if I wish to continue using this method of contraception.
- If I am aged 42 or over when the Mirena is put in, I may use it for 7 years.
- No method of contraception, including Mirena, is completely reliable, and that I must seek early review to exclude an ectopic pregnancy if I fall pregnant with an intrauterine device in my womb.
- There is a very small risk of having a hole put in the wall of the womb during the insertion procedure.
- The string that comes through the cervix into the top part of the vagina may need to be trimmed at a later date.
- Anaesthetic complications.** 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.
- Heavy smokers and very overweight or obese patients** have an increased risk of surgical and anaesthetic complications.

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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.

I am aware that I must seek medical advice, either from The Private Clinic or my usual doctor, if any of the following problems develop:

- fever or chills that develop within 3 weeks of the Mirena IUS insertion
- unexplained pain in the lower abdomen
- heavy vaginal bleeding
- possible infection or sexually transmitted infection exposure
- abnormal or concerning vaginal discharge
- the string from the Mirena feels longer than before or appears to be missing

Instructions for after the Mirena insertion:

- I understand that I must see my usual doctor for an initial check on the Mirena IUS about 4 to 6 weeks after the insertion procedure
- I am aware that for the next **three days** after the insertion procedure today I should not have sex, that I should use sanitary pads and not tampons for any vaginal bleeding, and that I should not go swimming, sit in a bath or spa, but may have normal showers for personal hygiene.

Decision to discontinue use:

- I understand that I may have the Mirena IUS removed at any time, but that, if I still do not wish to become pregnant, then I must plan to use another method of contraception.
- If I wish to have the Mirena IUS removed, then I should seek the help of a suitably qualified practitioner and not try to remove the device myself.

Do you have any specific concerns or questions?

By signing this consent form:

- I am requesting and consenting to the insertion of a Mirena IUS, 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 my responsibility to make arrangements for the removal or replacement of the Mirena IUS after 5 years of use.
- I acknowledge 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 with any procedure.
- I understand that, if I have been given an intravenous sedation anaesthetic for the Mirena insertion procedure, then I must not sign legal documents, operate machinery or drive a car until the day following that procedure.

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

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.

Doctor's signature _____

Doctor's name _____ / ____ / ____