

Request & Consent for the insertion of a progesterone releasing IUD. (Mirena / Kyleena)



- ◆ 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 _____

Chosen IUD Type: _____ (discuss with doctor if unsure)

Overview of treatment:

- A progesterone releasing IUD is a small T-shaped plastic device which will slowly release a progestogen hormone inside the womb for 5 years. The 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. Hormone releasing IUDs provide effective protection from unplanned pregnancies for up to 5 years. Risk of failure is less than 1%.
- There are two types of progesterone releasing IUDs available.**
 - **Mirena** – for contraceptive use and / or control of heavy menstrual bleeding. Will usually cause much lighter periods.
 - **Kyleena** – for contraceptive use only. Contains less hormone than Mirena and is a slightly smaller device. May cause lighter periods.

Alternative long-acting contraceptive options:

- Non-hormonal intrauterine devices (IUDs) which are made from copper and plastic, and which have similar effectiveness to a hormonal IUD and may be left in place for up to 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.

Contraindications or precautions:

- A progesterone releasing IUD 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 uterine cavity; acute liver disease; known or suspected pregnancy; known or suspected carcinoma of the breast.
- The following conditions may increase the risk of problems occurring
Previous deep vein thrombosis (DVT); uterine scars; uterine fibroids; migraines or severe headaches; having multiple sexual partners.

Risks and side effects:

- The insertion of an IUD is usually 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.
- Because of the way the progesterone releasing IUD works, your menstruation/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 lighter.
- 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 IUD can sometimes partially or completely fall out (around 1 in 20) and if it is suspected that the device may have fallen out or have become displaced, an alternative type of contraception must be used until I have seen a doctor to confirm whether this has happened.
- Hormonal effects from progesterone releasing IUDs are not common, but can include mood changes, headaches, acne, breast tenderness and weight gain and usually settle down within the first couple of months.
- A progesterone releasing IUD 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 IUD inserted if I wish to continue using this method of contraception.
- No method of contraception is completely reliable, and if a pregnancy does occur with a progesterone releasing IUD in place, there is an increased risk of ectopic pregnancy, so I must seek early review by my GP 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. (1 in 1000)
- 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 patients** have an increased risk of surgical and anaesthetic complications.

Additional, unforeseen costs

- It is sometimes necessary to arrange for diagnostic tests, ultrasound scans, 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.
- Owing to the natural variability of uterus shapes, IUDs can sometimes migrate from the original insertion site, causing discomfort and requiring an additional procedure. IUDs can also fall out. **It is important to understand that any additional treatment beyond the scope of the initial IUD insertion procedure will incur further costs.**

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 IUD 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 IUD feels longer than before or appears to be missing

Instructions for after the IUD insertion:

- I understand that I must see my usual doctor for an initial check on the IUD 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 IUD 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 IUD 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?

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By signing this consent form:

- I am requesting and consenting to the insertion of a Kyleena / Mirena IUS, along with the administration of anaesthetic drugs and any other medications normally associated with this procedure.
- I consent to undergoing a vaginal examination and ultrasound scan
- 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 Kyleena / Mirena IUD 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 IUD 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 _____ ____/____/____