



### **Patient agreement to IUS insertion**

#### **Statement of professional**

I have explained the procedure to the patient. Swabs will be taken during the procedure

#### **I have counselled the patient re the following:**

Alternative methods of contraception

Mechanism of action – thins endometrium, prevents implantation, thickens cervical mucous

Efficacy – 0.33 pregnancies per hundred women year

Duration of use

Return 3 months prior to removal date

Small risk of failure to fir the device due to cervical spasm or other

#### **I have explained the intended benefits:**

Contraception

Treatment of menorrhagia (in a lot of cases)

Fit and forget

No delay in return to fertility when removed

Can be used as progesterone part of HRT

#### **I have explained the possible risks/side effects:**

Menorrhagia, bleeding or spotting for up to 6 months

Hormonal side effects for up to 6 months, in particular breast tenderness, mood change, skin effects, bloating, headaches

Ovarian cysts may occur – harmless and tend to resolve spontaneously

Perforation

Expulsion – partial or completes

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Dr R Silcox • Dr C Davies • Dr S Gresham



Migration

Infection

Loss of threads

Ectopic risk if method fails

No protection from STIs

I have also discussed any concerns of the patient

I have advised:

Checking threads regularly

Return at any time if concerns

Signed.....

Date.....

Name.....

Statement of patient

I have read this form carefully. I am aware that I have the right to change my mind at any point even after I have signed the form

I fully understand the procedure explained to me above and I agree to this procedure

Signed.....

Date.....

Name.....