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**Coil Consent Form**

Name of Patient...............................................................................

Date of Birth.....................................................................................

Please confirm that you have understood and agreed to the following:

* I have read through the leaflet on IUD (intrauterine device)/IUS (Intrauterine system)
* I understand it is not safe to insert a coil if I might be pregnant. I can confirm I have been either:
  + Using an effective method of contraception without any problems (eg. burst condom/missed pill) since my last period or
  + I have not had sexual intercourse since my last period
* If attending for removal of coil and replacement I can confirm that I have not had sex without a condom in the last 7 days
* I understand that no method is 100% effective and there is a very small chance of failure (less than 1 in 100 chance of pregnancy). If pregnancy does occur there is a higher chance of this being an ectopic pregnancy (occurring outside the womb).
* I understand that the IUD/IUS will not protect against sexually transmitted infections
* I understand that there is a small risk of infection in the first few weeks following insertion of a device
* I understand that there is a small risk of the coil being pushed out by the womb either fully or partially (about 1 in 20 chance). If I cannot feel the strings I should seek medical advice and not rely on the coil for contraception
* I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion. If this happens I may need an operation to remove the coil
  + This risk of perforation is up to 6 times higher while breastfeeding, especially if less than 36 weeks postpartum.
  + If not breastfeeding the risk is also up to 2 times higher up to 36 weeks after having a baby
* I understand that occasionally due to stimulation of the nerves to the cervix during the procedure there can be a temporary episode of faintness (cervical shock) and that sometimes it is not possible to fit the coil despite trying
* I am aware that a copper IUD can make my periods heavier, longer or more painful
* I am aware that an IUS will usually make my periods lighter or cause them to cease but can cause erratic bleeding or persistent spotting which does not always settle
* The IUD is effective immediately. The IUS takes 7 days to be effective from insertion unless inserted in the first 5 days of my cycle so I need to use alternative contraception during this time
* I understand that I am responsible for arranging to have the coil replaced and that should it not be replaced within the advised time frame there is a risk of pregnancy

I consent to having a copper IUD / hormonal IUS inserted.

This will need to be removed in ............. years

Name..................................................................... Date......................................

Signature...............................................................

Name of fitter........................................................ Date......................................

Signature................................................................