



Name of Patient

Date of Birth

EMIS or NHS No:

Patient agreement to Treatment

Procedure: Insertion of Intrauterine contraceptive Device (IUCD or copper coil)

Benefits of procedure: to prevent unplanned pregnancy

Information about the device

- The IUCD is a highly effective at preventing pregnancy is over 99% effective
- There is a small chance of getting an infection during the first 20 days after the IUCD is inserted. Your risk of infection can be increased if you have changed partner in the last 6 – 12 months. If you have experienced any irregular bleeding, bleeding after intercourse or any unusual vaginal discharge please let the clinician undertaking your procedure know.
- The IUCD can occasionally be pushed out (expelled) from the womb or move position (displaced) if this happens it will usually be in the first 3 months of insertion.
- Occasionally due to stimulation of the nerves to the cervix during the procedure, there can be a temporary episode of faintness (cervical shock). We may be required to administer oxygen or in rare cases a medication called 'Atropine'. We therefore ask that patients do not bring babies or children with them for the fitting appointment, if, you need to bring children then you must attend with a friend or relative who will be responsible to care for your child during the procedure.
- There is a very small (about 1:1000) risk of the IUCD going through the wall of the womb or

cervix when it is being put in (perforation). The risk of perforation is increased if you are breast feeding, or, have recently stopped breast feeding, or, if you have given birth in the last 6 months, or, you have been using depo provera as a Long Acting Reversible Contraceptive (LARC)

- If pregnancy does occur despite having an IUCD, there is a possibility of this being an ectopic pregnancy, the IUCD cannot prevent the rare cases of pregnancy happening outside the womb. If you miss a menses/period, feel pregnant, have lower abdominal pain and/or cannot feel your threads, then **do not** continue to use the device as a method of contraception, and seek immediate medical advice.
- You may find taking paracetamol or ibuprofen before having your device fitted can help with possible discomfort during fitting. Please do not come for your fitting with an empty stomach as this can also lead to you feeling faint, have a light snack.
- If you are attending for a change of device please do not have intercourse for 7 days prior to the procedure
- **The IUCD can commonly cause the periods to become heavier**

Patient Statement

- I have read the leaflet and been advised about pre- insertion analgesia.
- I have had an opportunity to ask questions (this will be at your consultation)
- I have either abstained (not had) from sex since my last period or fore play that may put me at risk of pregnancy, or, I am using another method of contraception, other than condoms (please state which method)
- I agree to the insertion of the IUCD {Coil}
- I understand it will alter my periods.
- I am not allergic to copper
- I have been advised how to check the *threads* of the device (this will be after the fitting of the device)
- I need to abstain from intercourse for the first 7 days after the insertion because I have undergone a procedure.
- I will not use tampons or moon cups for the first week after fitting.
- I understand I may have cramp like discomfort when the device is fitted {feels like period

discomfort}, this should settle and or lessen within the first 24 hours of fitting it should **not** restrict me from doing normal activities. If I feel unwell, have lower abdominal pain, develop a temperature, an offensive vaginal discharge or feel generally unwell within the first weeks of fitting I will seek medical advice as this could indicate a pelvic infection.

- My IUCD will need to be changed in.....years (depending on the type of IUCD this is usually 5 or 10 years if under 40 at time of insertion, any IUCD fitted after age 40 will provide contraception to the menopause).
- It is my responsibility to keep a note of this date.

Signed

Date

NAME(Print)

Statement of Health Professional

- I can confirm that the patient is aware of the benefits and adverse effects of this procedure as outlined above.

Signed

Date

NAME

This form will be scanned into the patient's notes. The patient may have a copy if wished.