

Consent for Contraceptive Implant (Jadelle) Insertion

I request an insertion of a contraceptive implant (Jadelle) for contraception.

I have been informed of the advantages, disadvantages, potential insertion problems, and side-effects.

- Advantages:
 - Fit and forget – long-acting reversible contraception.
 - Very effective contraception – over 99% effective.
 - Lasts up to 5 years.

- Disadvantages:
 - Requires a local anaesthetic injection in my arm and will leave a small scar both for insertion and removal.
 - Small risk of the implant migrating (moving to an incorrect position).
 - When it is time for removal, it may be difficult to feel the implant, making it harder to remove and I may need to be referred to another provider to have it removed.

- Potential insertion problems:
 - Bruising and discomfort for up to 1 week after insertion.
 - The wound can occasionally become infected.
 - Allergic reactions.

- Potential side-effects and risks:
 - Bleeding pattern is likely to change – it may become irregular, unpredictable or stop.
 - Small risk of acne.
 - Small risk of functional ovarian cysts.

- I have been given an opportunity to ask questions.
- I give consent for the contraceptive implant insertion.

Patient's name: _____

Signature: _____

Date: _____



- (Where applicable) I give consent for a health professional who is training in this skill to perform the insertion.

Patient's name: _____

Signature: _____ Date: _____

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- I have talked about the advantages, disadvantages, potential insertion problems and potential side-effects of a contraceptive implant.
- I have given the patient the opportunity to ask questions.

Clinician's name: _____

Signature: _____ Date: _____

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