



## Consent for Contraceptive Implant (Jadelle) Removal

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I am requesting the removal of a contraceptive implant.

I have been informed and understand that the contraceptive effect stops immediately, and have been advised of my options for contraception if I do not wish to become pregnant.

I have been offered alternatives to implant removal for irregular bleeding issues.

I have been informed of and understand the possible disadvantages and complications:

- The removal will require a local anaesthetic injection in my arm and there will be another small scar which may be separate from the scar from the insertion.
- The wound may be tender for a few days and may potentially become infected.
- In some instances it might be difficult to feel the implant, which can make it challenging to remove. I may need to be referred to another provider to have it removed.

I have been given the opportunity to ask questions.

I give consent for the implant removal.

Patient's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Patient's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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- I have talked about the possible disadvantages and complications of an implant removal, and have explained that the contraceptive effect stops immediately.
  - I have advised the patient of their options for contraception if they do not wish to become pregnant.
  - I have talked about alternatives to implant removal for irregular bleeding.
  - I have given the patient the opportunity to ask questions.

Clinician's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_