

Consent for Intrauterine Device (IUD) Insertion

I request an insertion of an intrauterine device (IUD) for:

- contraception (Choice TT380 Copper (copper IUD), Mirena intrauterine system (IUS), or Jaydess IUS)
- treatment of heavy menstrual bleeding (Mirena IUS)

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

- Advantages of an IUD:
 - Fit and forget – long-acting reversible contraception
 - Very effective contraception (more than 99% effective)
 - Effective treatment for heavy menstrual bleeding (Mirena)
 - Mirena is licensed for 5 years, Jaydess is licensed for 3 years, the copper IUD is licensed for 10 years
- Disadvantages of an IUD:
 - 1% failure rate
 - If pregnancy does occur, it may be outside the womb/uterus (ectopic pregnancy)
 - Threads may disappear, making the IUD difficult to remove
- Potential insertion problems:
 - Can be uncomfortable
 - If difficult to insert, may require a second appointment for insertion under anaesthesia
 - Very rarely, the device may be pushed through the womb wall. This may be apparent at the time of the insertion or later. If this occurs, I will require an operation to remove the IUD.
- Potential side-effects:
 - Bleeding pattern is likely to change:
 - Copper IUD – may make periods slightly longer, heavier, and slightly more painful. This settles within a few periods.
 - Mirena and Jaydess – may cause irregular spotting or light bleeding, which settles in a few months, or no periods
 - Small risk of infection when first inserted (approximately 1%)
 - Small risk of injury to the womb/uterus (perforation) (1:1000, but higher when breastfeeding)
 - Small risk of it coming out by itself (expulsion) (5%)



- I have been given an opportunity to ask questions.
- I give consent for the IUD 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 an IUD.
 - I have given the patient the opportunity to ask questions.

Clinician's name: _____

Signature: _____ Date: _____

Developed by Counties Manukau Health and adapted by Auckland Region HealthPathways, March 2021.