**Purton Surgery**

**Information and Consent for Intrauterine Devices (Coils)**

Intrauterine devices (IUDs or ‘coil’) are common and popular methods of contraception. There are two main types, copper IUDs, or hormonal coils (IUS).

There are a few different brands of these including Mirena® ,also used to control very heavy periods, and the three year ‘Jaydess’ .We will help you choose the right one for you.

We recommend that you read the essential information below, and also look at the following links:

[www.fpa.org.uk/contraception-help/iud-intrauterine-device](http://www.fpa.org.uk/contraception-help/iud-intrauterine-device)

[www.fpa.org.uk/contraception-help/ius-intrauterine-system](http://www.fpa.org.uk/contraception-help/ius-intrauterine-system)

**Essential information**

* **Pregnancy rates and Length of use** A copper IUD depending on the type but can be used for up to 10 years. The Mirena® lasts 5 years and Jaydess for 3 years.
* The IUCD/IUS is a highly effective at preventing pregnancy and is over 99% effective Of these failures, there is a slightly increased proportion of ectopic pregnancies.
* **Bleeding patterns:** With a copper IUD periods may be a little heavier and more painful. With Mirena®, after a ‘settling in’ time of up to six months your periods should become much lighter and more infrequent and may stop altogether. A tiny amount of hormone is released into your body; which rarely causes side effects.
* **Prior to the procedure:**

1. **Painkillers:** Although fitting is usually straightforward, you are advised to take pain killers 1 hour prior to your appointment: preferably 2x200mg ibuprofen, or, if unable to take this, 2x500mg paracetamol tablets.
2. **Reliable contraception**: Prior to the appointment if you are having a new device you are advised not to have had sex since your period, or to be on another reliable hormonal method of contraception. You may need a pregnancy test. If you are having a refit of a device we recommend you use condoms for 7 days prior to the procedure.

* **Complications of IUDs**: These are rare, but you do need to be aware.
* Infection can very occasionally occur, usually in the first three weeks of use. This would normally present with severe pain, bleeding or discharge. It can usually be treated with antibiotics but occasionally the IUD may need removal. For this reason vaginal swabs are offered routinely prior to fitting.
* Expulsion: the IUD 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.
* Perforation of the womb can rarely occur at the time of insertion in up to 1 in 1000 fittings.
* **After the procedure:** it is not uncommon to feel faint during and after the procedure, so we may ask you to wait for a short period of observation. Extra contraception may be required after for a limited time. Don’t use tampons for two weeks in case you pull the threads out. Please bring a sanitary pad with you in case of light bleeding/spotting.

**Consent form for IUD procedures**

**Patient Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** |  | | **First Name** |  |
| **Date of Birth** |  | |  |  |
| **Name of Procedure** | |  | | |

**Statement of Health professional**

I have explained the procedure to the patient. In particular I have explained the use of the IUD as a contraceptive and/or the use of Mirena® in management of heavy periods.

I have discussed the procedure and its complications, in particular the timing of fit, pain, expulsion of device, side effects, infections, pregnancy rates, ectopics, perforation of womb, bleeding patterns and length of use.

I have provided the patient with an information leaflet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Name (PRINT)** |  | **Job Title** |  |

**Statement of patient/carer**

**I agree** to the procedure described above and have read the information provided.

**I understand** that the procedure may involve local anaesthesia.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of patient/carer** |  | **Date** |  |
| **Name (PRINT)** |  |  |  |

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