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IUD Insertion Consent Form ____ I request a (circle one): Mirena / Skyla / Liletta / Paragard IUD/Kyleena

I understand that the use of an IUD carries risks. These include: ____ (Initial)

- the clinician being unable to insert the IUD on the day, risk is estimated as 1 in 25
- fainting after or during the procedure (this may require prolonged observation or an injection)
- perforation (going through the wall) of the uterus (womb)
 - risk is estimated as 1 in 500*
 - If you have given birth within the last 9 months the risk is higher, estimated as up to around 1 in 100.
 - may require minor key hole surgery to have the IUD removed
- <1% failure of the IUD to prevent pregnancy
 - an increased chance of any pregnancy occurring being ectopic (outside the womb)*
 - a high risk of miscarriage or premature delivery if you choose to continue with a pregnancy that occurs and the IUD cannot be removed
- the IUD partially or completely coming out, risk estimated as 1 in 20
- infection, risk estimated as 1 in 500*
- abdominal pain and irregular bleeding in the initial weeks after insertion
- changes to bleeding
- an increase in vaginal discharge
- for hormonal IUD users:
 - I understand the hormonal side effects ____ (Initials)
 - little cysts are more likely to develop on the ovaries, which are thought to be harmless *
These may have an effect on fertility ____ (Initials)
 - I understand that the IUD must be removed within years, as it may not remain effective if left in place for longer. I am aware that it is my responsibility to arrange removal/replacement. ____ (Initials)

- I agree to being sent an SMS reminder around 3 months prior to the due date for removal or changeover. _____(Initials)
- I understand that if I am having an IUD replacement, I should not have had unprotected vaginal sex for seven days prior to insertion. (Initials)
- I understand that if I am having a hormonal IUD insertion, it may take seven days to work in preventing pregnancy. I should not have unprotected sex for seven days after insertion. _____(Initials)
- I have been advised not to insert tampons, swim, take a bath or have vaginal sex for three days and not to use a menstrual cup for 3 months after insertion and to check for IUD strings after each period. _____(Initials)
- I agree to attend for an in-person or phone consult if requested by my inserting practitioner.
I agree to call if there are any concerns (as indicated on the post-IUD insertion information sheet, a copy of which I have been given)._____ (Initials)

I understand the following:

___ I will have a pregnancy test before the IUD is inserted. If I had unprotected sex within the past 7 days the pregnancy test may not be accurate and may read negative when an early pregnancy is starting.

___ The Paragard may be used as Emergency Contraception for up to 5 days of after unprotected sex.

___ The Mirena protects against pregnancy for 5-7 years. The Skyla / Liletta protects against pregnancy for 3 years. The Paragard protects against pregnancy for 10-12 years.

___ The possible risks of IUD placement include infection, bleeding, allergic reaction, perforation of (poking a hole in) the uterus, and expulsion (falling out) of the IUD.

___ I may have irregular bleeding and cramping for the first 3 months after the IUD is inserted. Ibuprofen or a heating pad may help with these symptoms.

___ The IUD does not protect against STDs. I should use latex condoms to protect myself against STDs

___ With the Mirena, Skyla and Liletta IUDs my periods may get lighter or disappear and I understand that this is not dangerous.

___ With the Paragard IUD my periods may get heavier or last longer.

___ I have been given a patient information form to take home about the side effects to expect after the IUD is inserted.

___ I hereby consent that _____ insert the IUD for me.

Signature of patient:_____Date:_____

Signature of provider:_____Date:_____

