

# Whitehill Surgery: IUS (Mirena) consent form

Patient detail/ address label:

My Last period was \_\_\_\_\_

or I know I am not pregnant

because\_\_\_\_\_.

I understand that

The IUS is 99% effective at preventing pregnancy

IUS – licenced 5yrs, national guidance states can be relied upon for 8yrs as a contraceptive. If fitted after 45<sup>th</sup> birthday, provides contraceptive cover until age 55.

Used as part of HRT: must be replaced after 5 yrs

No protection against STI so condom use advised if any risk

IUS – immediate contraception if fitted first 7 days of cycle or use condoms for 7 days if fitted elsewhere in cycle

## Risks

- Infection: chlamydia swabs are usually taken at insertion
- Expulsion: risk after insertion and during following month (overall risk of 1 in 20 over 5 years)
- Perforation: risk during insertion (less than 1/1000; slightly higher rate if breast feeding or within 36 weeks post-partum), if breast feeding delay fitting until at least 3 months after delivery
- Ectopic pregnancy: if become pregnant seek early medical advice

*A routine 6-week check following an IUD fitting is not necessary the patient is advised to seek advice if there are any concerns*

Periods:

- IUS: may cause spotting and irregular bleeding for up to 6 months or longer (relatively commonly for 6 weeks)

may stop periods (in approx. 65% of users)

Patient Responsibility:

- check threads monthly and inform GP if concern re absence or lengthening (and use condoms until advised)

- remember date when needs replacing (no recall system)

- will inform GP prior to insertion if

any risk of pelvic infection

risk of pregnancy

history of breast / cervical cancer

allergy to copper, silicon, levonorgestrel, polyethylene

history of fibroids, liver disease, IUS/IUD in situ, previous pelvic surgery, jaundice

I confirm I have explained to the patient and answered any questions about a Mirena IUS that she may have

Signed (HCP)\_\_\_\_\_.

Date\_\_\_\_\_

I agree to the procedure described above, I understand the person performing the coil fitting will have appropriate experience, I understand that anaesthesia may not be used, I confirm that I have avoided intercourse or used alternative contraception since my last period.

Signed (patient)\_\_\_\_\_

Date\_\_\_\_\_