

Consent form for removal of a Contraceptive Implant

Client name: _____
File number: _____
DOB: _____

Implant removal/changeover

Any procedure is associated with a small amount of risk. Your health professional has explained these risks to you. This form is designed to ensure you understand the procedure, including the risks and benefits, and that you have the opportunity to discuss these with your clinician.

Pre-removal section

Things to consider

Client to
tick boxes

- **Pregnancy** can occur soon after the removal of a contraceptive implant. If I do not want to fall pregnant, I understand that I need to abstain from sex for at least one week prior to implant removal.
- **Bruising** and pain may occur at the removal site and last for up to one week after insertion.
- **Scarring** may occur following the removal of the implant. I am aware that some people are predisposed to develop a thickened scar. A larger scar is likely if the implant is difficult to remove.
- **Failure to remove:** Although your clinicians are very experienced, sometimes they will be unable to remove the implant at your appointment. If this happens, they will make alternate arrangements for you.
- **Ongoing contraceptive** options have been discussed with me. If remaining on contraception, I am aware of when my new method will become reliable.

Removal procedure

I understand that to reduce discomfort, my clinician will use a local anaesthetic when removing my contraceptive implant.

Allergic reactions

I have advised my clinician of any known allergies, especially allergies to local anaesthetic, hormones (e.g. etonogestrel), plastics, metals, latex or any of the ingredients or products contained in the IMPLANON NXT®.

Acknowledgement

I have understood the information concerning contraceptive implants and have raised any questions I have with my clinician. I will contact my clinician should I require further advice.

Client name: _____
File number: _____
DOB: _____

Consent for removal (if applicable)

Client

Based on the information above, I _____ willingly consent for my clinician to remove a _____ (brand name) contraceptive implant from my LEFT / RIGHT (please circle) arm. By ticking the items above, I acknowledge that these are understood by me and have been discussed with my clinician.

Signed by client _____ Date ___/___/_____

Health professional

I have explained the risks and benefits of implant removal to this patient.

Signed by _____ Date ___/___/_____

Interpreter (if applicable)

Language: _____

I declare that I have interpreted the details on this form and the dialogue between the client and health practitioner to the best of my ability. I have advised the health practitioner of any concerns about my performance.

Signed _____ TIS Number: _____ Date ___/___/_____

References:

1. Sexual Health Quarters, Consent form A: Patient Consent form for the insertion of IUD, <https://shq.org.au/wp-content/uploads/2020/05/IUD-Patient-consent-form.pdf> (accessed 4 July 2021)
2. WA Health, Consent form A: Patient Consent to Treatment or Investigations, https://ww2.health.wa.gov.au/~/_/media/Files/Corporate/general%20documents/patient%20safety/PDF/090619_Form_A.ashx, (accessed 5 July 2021)
3. RACGP, Implanon NXT © Checklist and Consent Form, [website], May 2011, <http://www.racgp.org.au/download/Documents/PracticeSupport/201105implanonchecklist.pdf>, (accessed 4 July 2021)