

IUD Removal Consent Form

Client name: _____
File number: _____
DOB: _____

An IUD can be removed at any time if you are planning a pregnancy or having problems. However, if you wish to continue preventing pregnancy, it must be removed and replaced before it expires.

Hormonal IUDs:

- **Kyleena:** Effective for up to 5 years.
- **Mirena:** Effective for contraception up to 8 years or as part of menopausal hormonal therapy for up to 5 years. It can also help manage heavy menstrual bleeding for 5 to 8 years, depending on symptom control.

Non-hormonal Copper IUDs:

- **TT380 Short, Mona Lisa Cu375/Cu375 SL, Load 375, Choice 380N SHA:** Effective for up to 5 years.
- **TT380 Standard, Mona Lisa CuT 380A QL, Choice 380N STA:** Effective for up to 10 years.

Overview of removal procedure

In Australia, IUDs come with threads to allow for easy removal. During the removal process, the clinician will insert a plastic speculum into the vagina. Once the threads are visible, the clinician will gently pull on them to remove the IUD.

Things to consider

Client to
tick boxes

- Pain may occur following removal of the IUD and can be managed with simple analgesics or topical heat packs.
- The IUD may be unable to be removed in some situations. If this happens your clinician will make alternate arrangements for you.
- Fertility can return immediately after an IUD is removed. If you do not wish to become pregnant, it is important to abstain from sexual intercourse for 7 days before removal and ensure you have arranged an adequate form of ongoing contraception.

Client name: _____
File number: _____
DOB: _____

Allergic reactions

I have advised my clinician of any known allergies, especially allergies to local anesthetic, cleaning solutions, hormones (e.g. levonorgestrel), plastics, metals (e.g. copper), latex or any of the ingredients or products contained in the hormonal IUD or copper IUD

Client to tick boxes

Acknowledgement

I have understood the information concerning IUDs and have raised any questions I have with my doctor. I will contact my doctor should I require further advice.

Client to tick boxes

I understand that if I need Methoxyflurane (inhaled pain relief) I must not drive for at least one hour.

I understand that there are often qualified health practitioners who are upskilling who may remove my IUD under the supervision of an SHQ clinician.

Consent for removal

Client

Based on the information above, I _____ willingly consent for my clinician to remove my IUD. 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 an IUD removal to this client.

Ongoing contraceptive: _____

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 ___/___/___