IUD Insertion Consent Form

Sexual Health Quarters

Client name: _____
File number: _____
DOB: _____

Overview of treatment

An intrauterine device (IUD) provides extremely effective and long-term reversible contraception. The duration of use varies depending on the brand. Below are some common brands available in Australia:

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.

Benefits

An IUD is an effective form of contraception.
Overall, IUDs are an inexpensive choice of contraception, because a single device lasts a number of years.

IUDs are a reversible form of contraception, meaning their effect can be stopped at any stage by removing the device.

IUDs are a useful contraceptive choice for people who are unable to take contraception containing oestrogen, unable to take tablets due to conditions that affect how the gut absorbs medications, or when breastfeeding.

A Copper IUD is an effective choice for people seeking non-hormonal methods of contraception. It can also be used as emergency contraception within 5 days of unprotected sexual intercourse or up to 12 days after the first day of a period. The Copper IUD works from the day of insertion as a contraceptive. Side effects may include heavier and longer periods.

A hormonal IUD is a useful choice when seeking to reduce the amount of blood loss during periods and pain associated with periods. In the first 3-6 months following insertion, bleeding patterns may vary, but these usually settle. Although hormonal side effects such as acne may occur, they are rare.

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.

Clients Initials: _____

Things to consider

- Pain may occur during and shortly after the procedure. Local anaesthetic may be used to reduce insertion-related pain. If you are concerned about pain, please discuss this with your clinician as there are analgesic options available including Methoxyflurane (inhaled pain relief).

- Bleeding, which may occur during and after the procedure. It is usually minimal.

- Hormonal IUD: irregular and frequent light bleeding in the first 3-6 months. This usually settles. If it does not settle, management options should be discussed with a doctor.

- Copper IUD: sometimes heavy or painful periods. This may settle with time.

- Sometimes the IUD may move unexpectedly or come out. This can occur in 1 in 20 people, with the highest risk being in the first year after insertion. If this happens, pregnancy is a possibility.

- Infection, which can be passed into the uterus and spread into the pelvis. Infection is uncommon. The risk is highest in the first 20 days after an IUD insertion, and in 1 in 300 insertions. Treatment with antibiotics may be required and the infection can rarely cause infertility (inability to get pregnant).

- Puncture or hole in the wall of the uterus when the IUD is inserted. The risk of a puncture or hole is very small and happens in about 2 in 1000 IUD insertions. The risk increases if you are breastfeeding or you have given birth in the last 9 months. If a puncture occurs, the IUD will not work as a contraceptive device and so pregnancy may be possible. The IUD may need to be removed via a laparoscopy (operation). Antibiotics may be given if the doctor suspects an infection.

- IUD moving out of place (expulsion). The overall risk of IUD expulsion is approximately 5% (5 in 100) at five years and expulsion appears to be most common in the first year of use, particularly within 3 months after insertion and if the insertion was postpartum.

- Pregnancy, although rare, may occur. If pregnancy does occur, there is an increased risk of ectopic pregnancy, miscarriage, and early delivery. In an ectopic pregnancy, surgery may be required, which can involve removing a fallopian tube. Rupture of ectopic pregnancy can be life-threatening and emergency surgery would be required. It is important to note the that overall risk of having an ectopic pregnancy is lower with an IUD than without.

- Fainting: Some people feel a little dizzy or may faint during the procedure. This is rare but easily managed if it does occur.

- Failure to insert: Although your clinicians are very experienced, sometimes they will be unable to insert the IUD at your appointment. If this happens, they will make alternate arrangements for you.

- Malposition (The IUD being inserted in the wrong position) - rarely, the IUD may be inserted into a position that is not optimal. The risk of this happening is increased in people who are obese, have had a previous caesarean section, are currently breastfeeding or have abnormalities in the shape of the uterus. If the IUD is not inserted correctly, it won't work as well for contraception. Using an ultrasound at the time of insertion can reduce the risk of malposition.

- Ovarian cysts: There is an association between the hormonal IUDs and ovarian cysts, but these cysts generally do not cause any problems.

- If there is an issue with your IUD, please contact us as we can arrange an ultrasound and any other tests to ensure your safety. We will always request bulk billing for these tests but non-Medicare card holders will have an out of pocket expense.

- The IUD does not protect against sexually transmissible infections.

Clients Initials: _____

Client to tick boxes

Effectiveness of contraception

I understand that the hormonal IUD is 99.7–99.9% effective, while the Copper IUD is 99.5% effective. I have also been informed about the efficacy of alternative contraceptive methods. I acknowledge that no contraceptive method is 100% effective in preventing pregnancy, meaning there is always a small chance of becoming pregnant. ☐

Contraindications

I understand that certain medical conditions including, but not limited to, current or unresolved pelvic infections, undiagnosed vaginal bleeding, abnormalities of the uterine cavity (e.g., fibroids), a history of breast cancer, severe liver disease and Wilson's Disease, may affect my ability to use an IUD. ☐

Client responsibilities

I have told my doctor about medications that may increase my risk of bleeding (e.g. Warfarin), medical conditions that increase my risk of bleeding (e.g. haemophilia), and past obstetric or gynaecological surgeries (e.g. caesarean section), as these may affect the insertion of an IUD. ☐

I have told my doctor of any medications I am taking.
I understand that having an IUD may affect treatment of some medical conditions, so I will inform other health professionals I see that I have an IUD in place. ☐

Timing of removal

I understand that the IUD should be removed or replaced after the recommended duration of use (refer to the individual brand details on the first page of this consent form). ☐

I acknowledge that leaving the IUD in place beyond the recommended timeframe may increase the risk of pregnancy, and I am responsible for arranging its removal at the appropriate time. ☐

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 ☐

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. ☐

I have received a written information brochure about my IUD ☐

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 insert my IUD under the supervision of an SHQ clinician. ☐

Consent for insertion

Client

Based on the information above, I_____ willingly consent for my clinician to insert an _____ IUD (please specify type/brand).
By ticking the items above, I acknowledge that these are understood by me and have been discussed with my clinician.

Signed by client _____ 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 ___/___/_____