**Spring Gardens Health Centre Consent for a Hormonal Intra Uterine Contraception Device (coil)**

**Name:**

**I hereby consent myself being fitted with an Intrauterine Contraception Device, the nature, effects and risks of which have been explained to me by:**

**Dr………………………………………………..**

**I understand that:**

1. Menstrual periods may be longer, heavier, irregular and more frequent for the first 3-6 months, but menstrual bleeding patterns tend improves with time. At one year infrequent bleeding is usual with the hormonal coil and some people will experience no periods. I may experience pain with the coil.
2. The failure rate of the coil is very low, but occasionally a woman becomes pregnant with the coil (less than 1/100). Compared to pregnancies in women without a coil in place, there is a slightly higher chance of a pregnancy developing outside of the womb in the tube (ectopic pregnancy).
3. Occasionally the coil may fall out of the womb (expulsion). The risk is 1/20 of expulsion and most common in the first year, especially the first 3 months.
4. Rarely the coil works its way into the muscular wall of the womb and outside (perforation), this can sometimes damage other organs and may require surgery to remove it/repair any damage (usually keyhole). The risk is 2/1000 and is approximately six fold higher in breast feeding women. If this happens I will have a scar on my womb which could be a weak spot for future pregnancies.
5. There is a risk of infection with fitting a coil.
6. The coil provides no protection against sexually transmitted diseases. These can lead to pelvic inflammatory disease, which if untreated can lead to infertility, pelvic pain and increased risk of ectopic pregnancy. Use of a condom can reduce the risk of sexually transmitted infections.
7. I can check for the threads myself if I want to, if they cannot be felt, additional contraception should be used until I seek medical advice.
8. I should seek medical advice if I develop any signs of pelvic infection such as unusual pain, discharge or bleeding, or I can feel the stem of the coil, or I cannot feel the threads.
9. The hormonal coil usually requires additional contraception for 7 days after insertion e.g. condoms.
10. I can see the GP for a check-up at 4-6 weeks if I wish.
11. **I need to make a note of the date when my coil needs to be changed as the practice does not send out a reminder. No unprotected intercourse for 7 days prior to changing coil or removal otherwise risk of pregnancy.**
12. **Coil durations vary: Jaydess 3 years, Kyleena 5 years**

**Mirena 8 years for contraception, or 5 years if using for HRT protection, if age 45 when fitted can keep until age 55 for contraception if not using for HRT protection**

**Benilexa and levosert 6 years for contraception, or 5 years if using for HRT protection, if age 45 when fitted can keep until age 55 for contraception if not using for HRT protection**

**Patient’s Signature:……………………………………..**

**Doctor’s Signature:……………………………………… Date:…………………………….**