

Preparing for the insertion of an intrauterine device (Copper IUD) or an Intrauterine System

We are keen to make your clinic visit as easy as possible. It is important that you have read all the information and are able to have the coil fitted on the day you come.

Please tick the boxes to confirm that you have understood and agreed to the following, and bring it with you when you come for the procedure.

- I have read the information on coils online on www.nhs.uk or I already have an IUD/IUS and am familiar with the method
- I know that a copper IUD could make my periods slightly heavier, longer and more painful.
- I know that an IUS (e.g. Mirena) could make my periods much lighter but can cause erratic bleeding and spotting in the first few months of use. Any irregular or worsening loss should be reported to your GP.
- I understand that it is not safe to insert an IUD/IUS if I might be pregnant. I am using an effective method of contraception and haven't had any problems (e.g. burst condom, missed pills, IUD overdue for change). I have not had unprotected sex (or used withdrawal) since my last period.
- If coming for a change of an existing IUD/IUS, I will either use condoms or avoid intercourse for the 7 days before the appointment.
- I will make sure that I have had breakfast/lunch on the day of the appointment. A painkiller can be taken around an hour in advance.
- I am not at risk of sexually transmitted infection (e.g. I do not have a new partner) or I have been tested recently for chlamydia / gonorrhoea.
- I understand that no method is 100% effective. Pregnancy with the device in place is rare (less than 1 in 100) but when it does occur the risk of it being ectopic is about 1 in 20.
- I understand there is a 2 in 100 chance of failure to fit the IUD/IUS.
- I understand that there is a 1 in 20 chance of the device falling out (expulsion). This may not be noticed by the user. If at any time the threads can no longer be felt additional contraception should be used until the position of the coil has been reviewed.
- I understand that the IUD/IUS will not protect against sexually transmitted infections and condoms in addition are recommended for this if for example I have a new partner.
- I understand that there is a small risk of pelvic infection, and this is highest in the first 3 weeks.
- I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion of the device. This is where the IUS/IUD goes right through the wall of the uterus when it is fitted or soon afterwards. This would need an operation (laparoscopy/laparotomy) to remove it. Breast feeding women have a 6 fold increase in the risk of perforation and the risk is highest if it is less than 36 weeks since giving birth.
- If I am not on my period when the coil is fitted, I will continue to use my previous contraception or condoms for 7 days after fitting.

Cramping pains may occur during the procedure. Very rarely fainting may occur which needs treatment. Cramping may also recur in the first few days but this should respond to simple analgesics. Removal is usually a much lesser procedure with minimal (if any) discomfort.

Patient Name: _____ Patient Signature: _____ Date: _____