



## **PATIENT EDUCATION/CONSENT FORM FOR INTRAUTERINE CONTRACEPTIVES**

I understand there are two different types of intrauterine systems (IUS). I understand that there are benefits to the IUS including being a long-acting reversible form of contraception that may last for up to 12 years depending on the kind I choose. I understand it is up to 99% effective in preventing unintended pregnancy and they do not protect against sexually transmitted infections. I understand hormonal IUS is also a great choice for women who experience heavy and painful periods, and it is safe to use when breastfeeding.

I understand that irregular bleeding may occur the first 3-6 months and periods usually get lighter with a hormonal IUS versus a non-hormonal IUS. I understand with a non-hormonal IUS I may experience 20-50% heavier, longer and more painful periods. Some women may experience hormonal side effects including low mood, reduced libido, acne and weight gain.

I understand I may experience some cramping and discomfort during the procedure, that may last for few minutes to up to 7 days. I understand I can manage this pain with ibuprofen 600-800mg every 6-8hrs and/or acetaminophen 500-1000mg every 4-6 hours (max: 4000mg/24 hours), if I tolerate.

I understand the possible complications which may occur during my procedure include infection, expulsion, ectopic pregnancy (1%), infection of the fallopian tubes, and perforation (1/1000) – hole in the uterus which will heal after a few weeks.

I understand I should contact the clinic at 204-958-6777 if I experience any of the following after my procedure: foul smelly vaginal discharge, fever, abdominal pain that doesn't settle with the use of ibuprofen/acetaminophen as these may be signs of infection. I understand if there is a concern, I may be pregnant, I need to seek immediate medical attention.

I understand removal of the device is usually a minor procedure that occurs in the office and that difficult insertions may require a surgical procedure.

I agree to use back up contraception (ie. condoms, abstinence, etc) for 7 days after the insertion of my device.

I have discussed the above with my physician and all my questions have been answered prior to the insertion. I have read and understood the above education/consent form.