

Consent for Progestin Intrauterine System (IUS)



**Hamilton Birth
Control & Sexual
Health Clinic**

I understand that a Progestin IUS will be inserted into my uterus to prevent pregnancy for five/ seven or eight years.

I have abstained from sexual activity from the first day of my period until my IUS insertion appointment unless I am using a reliable form of birth control (birth control pill, patch, NuvaRing, IUD/IUS).

Please note: condoms and withdrawal (“pulling out”) are not considered reliable forms of birth control. If you are unable to abstain use condoms; however, be aware that pregnancies occur with condom use. If your periods are irregular, please abstain three weeks prior to your IUS insertion appointment.

I understand that I may have a urine test before the IUS is inserted if is deemed necessary to exclude pregnancy. If I had unprotected intercourse since my menstrual period, the pregnancy test may not be accurate and may read negative when pregnancy is at its very early stages. I may need to have another pregnancy test in 3-4 weeks to exclude pregnancy. If I am pregnant and have an IUS in place, the IUS will have to be removed.

I understand that the possible risks of IUS insertion include infection, bleeding, allergic reaction, ovarian cyst (usually disappears on its own), and perforation of the uterus. While perforation is rare (0.1% chance), if it occurs, I may need surgery to remove the IUS.

I understand that my uterus may expel the IUD (5% chance). I may check the strings periodically to confirm the IUD is in place, and my doctor can order an ultrasound if necessary.

I understand that the IUS does not protect me from sexually transmitted infections and that I will need to use a condom if I feel I am at risk.

I understand that pregnancy is rare when the IUS is in place (1% chance). If I should become pregnant, it is more likely to be outside of the uterus. There may be serious risks with a pregnancy that occurs either inside or outside the uterus and I would need to get medical care as soon as possible.

I have been given information on follow-up care and have been told when the IUS should be removed; however, I also understand that the IUS can be removed earlier if I wish.

I understand my IUS is effective immediately if inserted within 7 days from the start of my period. If inserted at any other time I will have to use another form of birth control for a week after the insertion.

I am aware that some women feel lightheaded after an IUS insertion, and it is recommended that I not drive home after my appointment. Therefore, I will arrange for an alternate method of transportation.

A nurse and/or doctor talked with me and gave me written information about the IUS. I understand that information and choose to use this method of birth control.

Patient name/ signature: _____
Signature Required

Physician name/ signature: _____

Date: _____
[Today's Date]



JACKSONSQUARE
MEDICAL CENTRE