

**INFORMED CONSENT FOR NEXPLANON REMOVAL**

I will be having a NEXPLANON removed. **I understand the following:**

NEXPLANON protects against pregnancy for 3 years. The rod can be removed at any time, but must be removed at the end of 3 years.

Implant removal is usually a minor office procedure requiring only local anesthesia (freezing).

I do not have an allergy to local anesthesia (freezing), nor to antiseptic.

I understand the risks of NEXPLANON removal: redness, infection, bruising, pain, swelling, pins and needles, scarring.

Sometimes, removal may be more difficult; for example, when the rod is immobile, damaged or broken, or located too deep in the arm. Special procedures, including surgery in the hospital may be needed. Difficult removal may cause pain and/or scarring and may result in injury to nerves and blood vessels.

NEXPLANON is an implant that contains a progesterone hormone, etonogestrel. The hormonal effects end promptly after removal; >90% of women ovulate within 3-4 weeks of removal.

**I have read the above information. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks with the removal of NEXPLANON. I consent to the removal of this device.**

[Patient Last Name, First Name]

Signature of patient: \_\_\_\_\_

Date: <sup>[Today's Date]</sup>  
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