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Intrauterine Contraception (Coil) Consent Form

(Copper IUD or Hormonal IUS)

1. Patient Details

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

NHS Number (if known): _____

Contact Number: _____

1. Purpose of the Procedure

You have requested insertion of an intrauterine contraceptive (IUC). This may be:

- **Copper Intrauterine Device (Cu-IUD)** (non-hormonal), or
- **Levonorgestrel Intrauterine System (LNG-IUS)** (hormonal, e.g. Mirena).

Intrauterine contraception is a long-acting reversible method of contraception (LARC) and is among the most effective methods available.

However, **no method of contraception is 100% effective**, and pregnancy can occur.

2. Pregnancy Risk and Timing of Insertion

- You must have used **effective contraception for at least 7 days prior to fitting**, unless the device is being inserted within the first 7 days of your menstrual cycle or under specific clinical guidance.
 - If a **LNG-IUS (Mirena or hormonal coil) is inserted outside the first 7 days of your menstrual cycle**, you must use additional contraception (e.g. condoms) for **7 days after insertion**.
 - A copper IUD may be effective immediately depending on timing within the cycle (as advised by your clinician).
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3. Protection Against Sexually Transmitted Infections

- The IUD/IUS **does not protect against sexually transmitted infections (STIs)**.
 - Condoms are recommended to reduce STI risk.
 - You may be offered STI screening in line with national guidance in the United Kingdom.
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4. Benefits

- Highly effective long-term contraception.
- Long duration of action (depending on device type).
- Rapid return to fertility after removal.



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- LNG-IUS may significantly reduce menstrual bleeding and pain.

5. Risks and Possible Complications

a) Pain

- Cramping during and after insertion is common.
- Pain usually settles within a few hours to several days.
- Simple analgesia (e.g. ibuprofen or paracetamol if suitable) may help.

b) Bleeding Changes

Copper IUD:

- Periods may become heavier, longer, or more painful.

LNG-IUS:

- Irregular bleeding and spotting are common in the first 3–6 months.
- Periods usually become lighter and may stop altogether.

c) Infection

- There is a small increased risk of pelvic infection after insertion.

d) Expulsion

- The device may be partially or completely expelled.
- This occurs in approximately **1 in 20 (5%)** users.
- If expelled, contraceptive protection is lost.

e) Uterine Perforation

- Rare complication where the device passes through the wall of the uterus.
- Occurs in approximately **2 in 1000 insertions**.
- May require surgical removal.

f) Vasovagal Episode (Cervical Shock)

- Some individuals may feel faint, dizzy, or nauseated during or shortly after insertion and sometimes this can result in a drop in blood pressure and pulse requiring medication or hospitalisation

g) Pregnancy

- If pregnancy occurs with an IUD/IUS in situ, there is a small increased risk of ectopic pregnancy compared to pregnancies without contraception.

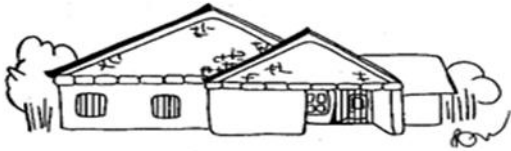
6. Alternatives Discussed

I confirm that alternative contraceptive options have been discussed with me, including their risks, benefits, and effectiveness.

7. Aftercare Advice

After insertion:

- You may experience cramping and light bleeding for several days.
- Use sanitary pads initially if bleeding occurs.
- You may take suitable pain relief if required.
- Avoid intercourse, tampons, or menstrual cups for 24 hours if advised.
- Check for threads after each menstrual period (or monthly if amenorrhoeic).



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Seek urgent medical advice if you experience:

- Severe or worsening lower abdominal pain
- Fever or flu-like symptoms
- Unusual or offensive vaginal discharge
- Heavy or persistent bleeding
- Pain during intercourse
- Positive pregnancy test
- Inability to feel threads or feeling the hard plastic of the device

8. Consent

I confirm that:

- I understand the information provided about intrauterine contraception.
- I am using reliable contraception and have not had any problems or not had sexual intercourse since my last period. I understand it is not safe to insert a coil if I might be pregnant
- I have had the opportunity to ask questions.
- I understand the benefits, risks, and alternatives.
- I consent to the insertion of:

Copper IUD

Levonorgestrel IUS

Patient Signature: _____ **Date:** _____

Clinician Signature: _____ **Date:** _____

10. Clinician Statement

I confirm that:

- I have explained the procedure, risks, benefits, and alternatives
- The patient appears to have **capacity to consent**
- The patient has had the opportunity to ask questions

Clinician Name: _____

Role: _____

Signature: _____

Date: ____ / ____ / ____

11. Interpreter / Advocate (if used)

Name: _____

Role: _____

Signature: _____

Date: ____ / ____ / ____