



IUD CONSENT FORM

Patient Name _____

IUDs are small, T-shaped devices made of flexible plastic that are put into the uterus.

There are two types:

- Copper IUDs have copper.
- Hormone IUDs have a hormone called levonorgestrel, like the progesterone (progestin) made by a woman's body.

How does an IUD work? — Both IUDs work by preventing sperm from reaching an egg. Copper IUDs act as spermicide, and also block sperm from moving. Hormone IUDs thicken a woman's cervical mucus. The mucus blocks sperm and keeps it from joining with an egg.

The Copper IUD can also be used as emergency contraception when put in within 5 days of unprotected sex.

How well do IUDs work?

IUDs are highly effective. For every 100 women who use an IUD, 1 or maybe none, will get pregnant each year. Depending on when in your cycle the IUD is placed, you may need to use a backup method until the IUD begins to work, usually 2 weeks. Once your IUD is placed there's nothing you have to do in order to make your IUD work and being able to get pregnant comes back quickly after removing the IUD.

The Copper IUD is good for up to 10 years, and the hormone IUDs are good for 3 or 5 years depending on which one you choose. If you want to get pregnant before then or you would like it removed for any reason it can be usually be done easily in the office, and your fertility will return quickly.

How is the IUD put in? — We will examine you and put a speculum into your vagina. The cervix will be held with a small instrument. The IUD will be put into the opening in your cervix and into the uterus. You may feel cramping. A short length of plastic "string" will hang down in your upper vagina. Whenever you want to, you can check the string to make sure that the IUD is still in place.

Advantages of IUDs:

Hormone IUDs:

- fewer menstrual cramps.
- lighter periods / less blood loss — often periods stop after a few months.

Copper IUD:

- no hormones.
- period continue as before, occasionally a little heavier.

What might happen during and after I have my IUD placed? — You may have:

- mild to moderate pain when the IUD is put in
- spotting, bleeding, cramping or backache for a few days
- irregular periods or spotting between periods in the first 3–6 months
- heavier periods and worse menstrual cramps with Copper IUD

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The IUD does not protect you from sexually transmitted diseases (STDs).

Possible risks with placement of an IUD:

Perforation — Very rarely, about 1 out of 1,000 placements the IUD could make a hole in your uterus when it is being put in. It could be pushed through the wall of the uterus. It could damage your internal organs. Surgery could be needed to remove it.

Expulsion — Occasionally, about 3-4 out of 100 placements, the IUD will slip out of the uterus. You can become pregnant if this happens. The IUD must be removed/replaced if it comes out part way.

Pregnancy — IUDs are very effective but no method of birth control is 100%. There is a small chance that you could get pregnant. You should see immediately if this happens and the IUD would need to be removed. We would need to make sure the pregnancy was in the correct place in the uterus and not in your tube (ectopic) which could be dangerous.

Infection — Your chance of getting a pelvic infection (PID) from an IUD is slightly increased in the first 4 weeks after the IUD is put in. If you get PID — whether or not you have an IUD — you need to get treatment with antibiotics right away. If PID is not treated, it could make you quite sick and affect your future fertility.

Warning Signs — Call the office and come in if you:

- notice any change in the length of the string or can feel part of the IUD with your finger
- have ongoing pain or bleeding with intercourse
- have signs of pregnancy
- have unprotected sex with someone who has an STD
- have unusual pain, cramping, or soreness in your lower belly or stomach
- have unusual vaginal discharge
- have unexplained fever or chills
- have bleeding from the vagina that is heavier than usual

How is the IUD removed? — Having your IUD taken out or replaced is usually very simple. We do it for you by gently pulling on the IUD strings. Rarely, if the IUD doesn't come out easily, a hysteroscope (that views the inside of the uterus) may be needed to take out your IUD.

Take care of your health — Don't forget to get regular checkups and screening for STDs and cancer.

Patient Signature

Date

Dr. Hanjani signature

Date