

bSHaW

bucks sexual health and wellbeing

www.sexualhealthbucks.nhs.uk**Brookside Centre**

Station Way East

Aylesbury

HP20 2SR

0300 303 2880

Wycombe Hospital

Queen Alexandra Road

High Wycombe

HP11 2TT

0300 303 2880

Preparing for the insertion of an intrauterine system (hormone-releasing IUS) OR intrauterine device (copper IUD without hormones)

We want to make your clinic visit as straightforward as possible and fit the IUS/IUD (coil) at a single appointment. Therefore it is important that you have read all the information and are suitable for the procedure on the day you come. **Please bring this form with you when you attend the clinic.**

Please use a reliable method of contraception up until the coil is fitted and have NO SEX from the start of your period before the appointment. If requiring IUD/S replacement, NO SEX for 7 days before the appointment. We will be unable to fit the coil if there is a risk of pregnancy.

Please tick the boxes to confirm that you have understood and agreed to the following:

- I have read the IUS/IUD leaflet [IUD: <https://www.sexwise.fpa.org.uk/resource/your-guide-iud-pdf>; IUS: <https://www.sexwise.fpa.org.uk/resource/your-guide-ius-pdf>; precoil fitting leaflet (<http://tinyurl.com/bshaw-coil>)], or I already have an IUS/IUD and am familiar with the method.
- I understand that it is not safe to insert an IUS/IUD if I might be pregnant:
 - I am using an effective method of contraception and have NOT had any problems (e.g. burst condom, missed pills, coil/implant overdue for change).
 - OR** I have not had unprotected sex (or used withdrawal) since my last normal period.
 - OR** I don't have regular periods and haven't had unprotected sex in the last 3 weeks
- If I am having an IUS/IUD re-fitted I will make sure I have not had unprotected sex in the last 7 days.
- I will make sure that I have had breakfast/lunch on the day of the appointment. A painkiller can be taken around an hour in advance.
- I am not at risk of sexually transmitted infections (eg I do not have a new partner) or I have been tested recently for chlamydia / gonorrhoea.
- I understand that no method is 100% effective and that the IUS/IUD has a very small risk of failure (less than 1 in 100 chance of pregnancy).
- I understand that in the unlikely event a pregnancy occurs with an IUS/IUD in situ there is a risk that it may be an ectopic [outside the womb] pregnancy.
- I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion of the device.
- I understand that there is a 1 in 20 chance of the device falling out.
- I understand that the IUS/IUD will not protect against sexually transmitted infections and condoms in addition are recommended for this if, for example, I have a new partner.
- I understand that there is a small risk of infection (1 in 100) in the first few weeks following insertion of a device.

I request the following method: (please tick only one option)

- IUS (= coil containing hormone) - I know that an IUS will make my periods much lighter but causes erratic bleeding and spotting in the first few months of use.
- Copper IUD (= coil without hormones) - I know that a copper IUD may make my periods heavier, longer and more painful.

Name: _____

Date: _____