

INTRAUTERINE DEVICE (IUD) PATIENT CONSENT FORM

HOW IT WORKS: An IUD is a small wire loop shaped like a “T”. Your health care provider places it in your uterus during an office visit. Two kinds of IUDs are available in the United States. The Paraguard, which prevents pregnancy for 10 years and the Mirena, which prevents pregnancy for 5 years. They are equally effective and can be removed at anytime. Researchers believe that the Paraguard prevents pregnancy by preventing sperm from swimming up to meet the egg. The Mirena contains the hormone “levonorgestrel”, (this is similar to the hormone “progesterone” your body makes), so it is believed to prevent sperm from reaching the egg and also to thin the uterus lining and thicken the cervical mucus. The Paraguard is a good choice if you want to avoid hormones. Both IUDs have a thin string attached at the base of the “T”. This allows your health care provider to remove the IUD in the office and you to check to make sure the IUD is in your uterus.

You should never try to remove your own IUD or have a friend or sex partner try to do so.

BENEFITS: IUDs are as effective as tubal ligations (getting your tubes tied) – but unlike a “tubal”, an IUD is completely reversible. Annually, less than one IUD user in a hundred gets pregnant. IUDs are also as easy to use as “tubals”, because once the IUD is placed, there is nothing you have to do to make it work. An IUD is also as private as a “tubal”. Once inserted, you and your partner should not feel it. If you have pain or he feels something in you vagina, it may mean the IUD is falling out. You must call your health care provider right away.

Once an IUD is removed, or starts to fall out you can become pregnant immediately.

SERIOUS RISKS: IUDs are very safe, but as with all types of birth control, there are side-effects. The most common serious risk is an infection called Pelvic Inflammatory Disease (PID). PID develops when the bacteria that are normally in the vagina or sexually transmitted diseases (STDs) move into the uterus. **It is the STD, or bacteria, not the IUD, that causes PID.** So, IUD users must be very careful not to get STDs. That is why your health care provider will test you before inserting your IUD. **Do not have an IUD inserted if you have not been tested for STDs recently.** Remember, IUDs do not protect against STDs or HIV – only condoms do. So even if you do not have sex “very much”, get an STD check-up once or twice a year, every time you acquire a new partner, and whenever you think you “might have something” even if you don’t have symptoms like abdominal pain, discharge, itching, or odor. **If you have more than one partner or a partner who does (or might), the IUD is not the safest method of birth control for you.** A second serious risk is pregnancy. Any birth control method can fail. Sometimes IUDs fall out and sometimes they just do not work. Getting pregnant with an IUD in your uterus is dangerous, as there is more chance the pregnancy will be “ectopic” (in your “tubes”) and that you will miscarry. **If you miss your period, have symptoms of pregnancy, or pelvic pain and bleeding, you must call your health care provider immediately.** A third serious risk is that IUDs can move higher up in your uterus or even out of your uterus into your pelvis. If this happens the string may feel shorter than usual or you may no longer feel it. You must call your health care provider immediately.

You could get pregnant and the IUD might have to be removed surgically.

OTHER POSSIBLE SIDE EFFECTS: You may have heavier or longer menstrual periods and/or spotting between your periods. This should go away within a few months. You may also develop anemia (low blood count), a backache, pain during sex, more menstrual cramping, or an allergic reaction.

I have read over this information and reviewed it with my health care provider. My questions and concerns have been answered. I know that I may contact the clinic at any time with questions and must do so if I am having problems such as: cramping and lower abdominal pain for more than a few hours, vaginal bleeding lasting longer than a normal period or spotting between periods or after sex, miss a period, have unusual vaginal discharge, unexplained fever or chills, am exposed to an STD, am unable to feel the string or think the string is getting longer or shorter, my partner or I begin to have pain during sex or feel something hard in my vagina.

Patient Name

Patient Signature

Witness

Date