

Affix Patient Label

Patient Name:	Date of Birth:
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This information is given to you so that you can make an informed decision about having **Insertion of an IUD.**

Reason and Purpose of the Procedure:

IUD stands for intra uterine device. It is a type of birth control. In some cases, an IUD may be used to control heavy bleeding. It is a small T shaped device that is placed in the uterus. There are different kinds of IUD's. Your provider will talk to you about the choices.

Some women have heavy bleeding and cramping after the IUD is placed. Some women have spotting the first few months. The most common reason to remove an IUD is for irregular bleeding.

IUD's are effective for many years. Your doctor will tell you how long yours will last.

Benefits of this procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Pregnancy prevention. Less than 1 out of 100 women with an IUD will be pregnant each year.
- Decrease heavy bleeding.

Risks of Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Risks of this procedure:

- If the IUD comes out you can get pregnant.
- If you become pregnant the IUD needs to be removed. This may cause a miscarriage.
- The IUD can push through the wall of the uterus. It may migrate or move through the wall of the uterus. This might be seen right away. Sometimes it can't be seen right away. This will need surgery to fix.
- Infection. Most infections happen within the first 3 weeks. This will need antibiotics.
- IUD's are made of different materials. You could be allergic or sensitive to what the IUD is made of.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

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Risks specific to you:	
	

Alternative Treatments:

- Talk to your provider about other types of birth control.
- Talk to your provider about other ways to treat heavy bleeding.

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If you choose not to have this treatment:

You may become pregnant.

General Information:

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Affix Patient Label Patient Name: _____ Date of Birth: ____ By signing this form I agree: • I have read this form or had it explained to me in words I can understand. I understand its contents. • I have had time to speak with the doctor. My questions have been answered. • I want to have this procedure: **Insertion of an IUD**. I understand that my doctor may ask a partner to do the procedure. I understand that other doctors, including medical residents or other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them. Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products. **Patient Signature** Relationship ☐ Patient ☐ Closest relative (relationship) ☐ Guardian ☐ Date/Time Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian. *Interpreter* (if applicable) Date Time For provider use only: I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options and possibility of complications and side effects of the intended intervention. I have answered questions and patient has agreed to procedure. Provider Signature: ______ Date: _____ Time: _____ **Teach Back** Patient shows understanding by stating in his or her own words: Reason(s) for the treatment/procedure: Area(s) of the body that will be affected: Benefit(s) of the procedure: ____ Risk(s) of the procedure: ____ Alternative(s) to the procedure: _____ or Patient elects not to proceed: (patient signature)

Validated/Witness: Date: Time: