



Consent to Treatment

Procedure: Insertion of Intrauterine System Kyleena

NAME

DOB

EMIS number or NHS number

Intended purpose of treatment

- To prevent unintended pregnancy

Information about the device

- A highly effective means of preventing pregnancy, Kyleena is more than 99% effective
- Because of the way the Kyleena works, your menstruation/periods will be very likely to change. For the first few weeks after insertion, it is normal to experience regular light shedding of blood or spotting which will usually settle after 12 weeks. After this time, the periods may become very light.
- There is a small increase in the risk of infection in the first 20 days after insertion. Your risk of infection can be increased if you have changed partner in the last 6 – 12 months. If you have experienced any irregular bleeding, bleeding after intercourse or any unusual vaginal discharge please let the clinician undertaking your procedure know.

- There is a small risk (less than 1 in 20) of the device later being pushed out (expelled) from the womb usually in the first 3 months of having a device fitted.
- Occasionally due to stimulation of the nerves to the cervix during the procedure, there can be a temporary episode of faintness (cervical shock). We may be required to administer oxygen or in rare cases a medication called 'Atropine'. We therefore ask that patients do not bring babies or children with them for the fitting appointment, if you need to bring children then you must attend with a friend or relative who will be responsible to care for your child during the procedure.
- During the insertion procedure, there is a very small risk (about 1:1000) of the device going through the wall of womb or cervix (perforation). The risk of perforation is increased if you are breast feeding or have recently stopped breast feeding, or, if you have given birth in the last 6 months, or, you have been using depo provera as a Long Acting Reproductive Contraceptive method (LARC).
- Hormonal effects that have been associated with the mirena/IUS such as greasy skin/weight change and mood change (these effects are infrequent), if you do get these side effects they usually settle down in the first couple of months.
- There is a risk if you did become pregnant with the device in situ that it would be an ectopic pregnancy. If you feel pregnant, have lower abdominal pain or cannot feel the threads of the device, then do not use it as your method of contraception and seek immediate medical advice.
- You may find taking paracetamol or ibuprofen before having your device fitted can help with possible discomfort during fitting. Please ensure you eat a light snack before fitting as coming on an empty stomach may cause you to feel faint.
- If you are attending for a change of device please do not have intercourse for 7 days prior to the procedure

Patient Statement

- I have read the leaflet and been advised about pre- insertion analgesia.
- I have had an opportunity to ask questions (this will be at your consultation)
- I have either abstained (not had) from sex since my last period or had fore play that may put me at risk of pregnancy or I am using another method of contraception, other than condoms (please state which method)

- I agree to the insertion of the Kyleena
- I have been advised how to check the threads of the device (this will be after fitting of the device)
- I understand that I will need to abstain from intercourse for the first 7 days after fitting
- I understand that I will not use tampons or moon cups for the first 7 days after fitting
- I understand it will alter my periods.
- I understand I may have cramp like discomfort when the device is fitted {feels like period discomfort}, this should settle and or lessen within the first 24 hours of fitting it should not restrict me from doing normal activities.
- If I feel unwell, have lower abdominal pain, develop a temperature, an offensive vaginal discharge or just feel generally unwell within the first few weeks of fitting I will seek medical advice as this could indicate a pelvic infection.
- My Kyleena will need to be changed in 5 years. It is my responsibility to keep a note of this date.

NAME

Signature

DATE

This form will be scanned into your notes. Please ask for a copy if you would like one.

Signature of health professional

NAME

Date

Signature

Job Title