

Consent Form

Nexplanon (Contraceptive Implant)

Please read through the whole of this form as it forms part of your consent to using the implant. During your consultation, your nurse will go through it with you and ask if you have any questions.

Intended Benefits

- To prevent unwanted Pregnancy
- Contraceptive Implant is over 99% effective
- Provide long-acting reversible contraception for up to 3 years
- The Contraceptive Implant prevents pregnancy by stopping eggs being released from ovaries
- The Contraceptive Implant works immediately if fitted at the time of abortion or within the first 5 days of a normal period
- If fitted at any other time you will need to use extra protection or have no sex for the next 7 days
- The Contraceptive Implant is safe to use while breastfeeding

You may have your implant fitted before you have taken your abortion tablets. We need to inform you that this is off licence but good practice.

If you have the implant fitted and subsequently change your mind about the abortion there is no evidence that the implant will harm a foetus and the implant can be removed.

Side Effects

- Bleeding may not be regular – Bleeding patterns may include prolonged bleeding (15%); frequent bleeding (5-10%); no bleeding (20%)
- There may be some hormonal changes, but these usually settle with time.
- Drug interaction possible with certain medications

Risks associated with the methods include:

Common (1 in 10):

- Bruising at site of implant insertion

Rare (1 in 1000):

- Infection
- Deep insertion. *This may make the implant difficult to remove and/or locate and there is greater potential for neurovascular injury, infection and scar formation*
- Failure rate (1 in 1000) over 3 years

Serious risks:

Rare (1 in 1000):

- Risk of nerve damage from insertions
- Risk of implant migrating – please seek medical advice if you cannot feel implant

Consent

I confirm that the procedure(s), the method of anaesthesia, the benefits and any potential risks have been fully explained to me. I understand and accept the associated risks.

The method, failure rate and risks of my chosen contraception have been fully explained to me.

I confirm that the benefits and risks of any available/appropriate alternative methods of treatment have been discussed with me, and I understand that I have the right to change my mind or withdraw consent at any time before treatment commences, including after signing this form.

I understand and accept that the procedure(s) may not be carried out by the person explaining my treatment. However, the doctor or nurse will have appropriate experience.

I consent to MSI Reproductive Choices obtaining medical records relevant to any onward treatment, should referral or transfer to another healthcare provider be required.

I confirm I have answered all questions relating to my medical history as best as I can, and I am not aware of any reason why I should not use the Implant.

I confirm that I have received and understand the MSI Reproductive Choices written information about my treatment

I hereby give my informed, verbal consent to undergo the following procedure:

Contraceptive Implant (Nexplanon®)