CONTRACEPTIVE IMPLANT INFORMATION & CONSENT

Over 99% effective. An implant is a small, flexible rod placed under the skin. Contains a progesterone only hormone which is slowly released into the body. Each one lasts 3 years and is easily reversible. Useful if you forget to take pills.

Important: Please bring this form with you to your implant appointment with section 1 completed otherwise the doctor may not be able to carry out the procedure.

SECTION 1: Acknowledgement - I confirm that I have made my appointment and done the following; (please tick)

- [ ] I have read the information on www.umsuea.co.uk > Sexual Health > Contraceptive Implants
- [ ] I have read the Sexwise information leaflet https://www.sexwise.fpa.org.uk/contraception/contraceptive-implant
- [ ] I have considered the timing:
  In order to be certain that you are not pregnant or at risk of pregnancy when we fit an implant, we can either fit the implant in the 5 days after the start of your period OR; At anytime if you have not had sex since your period started OR; you have not had sex for 3 weeks if you rarely have periods and cannot predict them OR; Any anytime if you have been reliably using another form or hormonal contraception (the pill, mini pill, IUD or injection)
- [ ] I will bring this form with me to my implant appointment

Name (print) …………………………………………………………………… Signed …………………………………………………………… Dated ……………………………………………………………

Section 2 or 3 (whichever relevant) will be completed with your Doctor at the time of your appointment. **Please do not complete either section in advance**

SECTION 2: Consent – Fitting

Benefits and risks: The implant is a very effective method of contraception which lasts 3 years; side effects and risks are:
- Irregular bleeding, no bleeding
- Bruising and discomfort following insertion.
- Possibility of allergic reactions/infection of the site.
- The implant moving from its original position, which could make removal more difficult

Effectiveness: No method of contraception is 100%; typical pregnancy rates for implant are less than 1 in 1000 over 3 years.

Removal after 3 years: Implant must be removed by 3 years; it is your responsibility to arrange removal.

Scarring: The insertion and removal will leave a small scar on the skin. Some people are predisposed to thickening of the scar. A larger scar is likely if the implant is difficult to remove.

Interactions: You must advise your doctor of any medication you are taking, and inform any other doctors you see that you have an implant, in case other medicines reduce its effectiveness.

- [ ] I have read and understand the information above
- [ ] I am not pregnant
- [ ] I fully consent to insertion of implant with local anaesthetic
- [ ] I need / do not need to use contraception for 7 days
- [ ] I need to have implant removed in 3 years and this is my responsibility to arrange this

Signed………………………………………………………………………………

Printed …………………………………………………………………………………

Date …………………………………………………………………………………

SECTION 3: Consent – Removal/Replacement

You have requested removal/replacement of your implant. The procedure should be discussed with the doctor prior to removal but is outlined below:

- The area for removal is cleaned
- Local anaesthetic is inserted under the end of the device to make the area for incision numb.
- A small incision is placed over the end of the device in order that removal may take place.
- Occasionally it may be necessary to make the incision slightly longer in difficult cases.
- If you are having an implant replaced it will normally be inserted at the same site shortly after removal.
- The result of the incision will normally be closed with steristrips, resulting in a small scar. Occasionally, wound infections/bruising can occur. Rarely keloid scars may be develop(overgrowth of scar tissue).
- You are advised to keep the area dry for at least 3 days to aid healing.
- Contraceptive cover:
  - Replacements: you do not need to use any extra contraception
  - Removals only: you will need to use an alternative method immediately

- [ ] I have read and understand the information above
- [ ] I fully consent to removal/replacement of implant
- [ ] I understand the risks of scarring, rare possibility of allergic reaction to cleaning solutions/anaesthetics and how to manage the small wound after the procedure.

Signed………………………………………………………………………………

Printed …………………………………………………………………………………

Date …………………………………………………………………………………