

<p>CONSENT FORM FOR INSERTION OF IMPLANON IMPLANT</p>	<p>Med Rec. No: <<Patient Demographics:Record Number>> Surname: <<Patient Demographics:Surname>> Forename: <<Patient Demographics:First Name>> DOB: <<Patient Demographics:DOB>></p>
<p>PROPOSED TREATMENT I have requested contraception and insertion of an implanon implant into my.....arm.</p>	
<p>This means inserting a 4cm long implant containing a female sex hormone (a progestogen) under the skin as a contraceptive. The hormone is released slowly and works mainly by preventing the release of an egg each month. The implant lasts for up to three (3) years. Under a local anaesthetic, a special needle is used to insert the implant just under the skin of the inner upper arm on the non-dominant side (i.e. the left if you are right-handed and vice versa). A woman can ask for the implant to be removed at any time if she wishes to become pregnant or is unhappy with the implant for any reason.</p>	

RISKS

*The more common risks are listed below. There may be other unusual risks that have not been listed here. **RISKS** These are the more common risks. There may be other unusual risks that have not listed here. Please ask **Dr Rana** if you have any general or specific concerns.*

I understand the procedure has the following **specific risks and limitations**:

- I may have some bruising at the site of insertion.
- I may have irregular vaginal bleeding or no bleeding at all. Episodes of bleeding may be frequent and some may be prolonged.
- I will need regular health checks with my general practitioner while I have the implant.
- I may have side effects from the drugs in the implant. These may include acne, headache, migraine, breast tenderness and weight gain. There are other less common side effects listed on the information sheet.
- The implant will need to be removed surgically when the hormone has been used up and I will have a very small (a few millimetres) permanent scar where this is done.
- I will need a fresh implant every three years to maintain contraception. If this is not done, I will become fertile again and may be able to become pregnant. The old implant will need to be removed.
- No birth control method is completely reliable, so I will still have a very small chance of becoming pregnant.
- The device will not protect me against any sexually transmitted diseases, including AIDS, so other precautions (particularly a condom) should be used.
- Rarely the implant may move from its original site, making removal from my arm more difficult.

INDIVIDUAL RISKS:

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

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DECLARATION BY PATIENT:

- I acknowledge that **Dr Rana** has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with **Dr Rana** any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my gynaecologist during this operation.
- I consent to a **blood transfusion**, if needed.
- I agree to the disposal by the hospital authorities of any tissues or parts that may be removed during the operation. I understand that some tissues or samples may be kept as part of my hospital records.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needle stick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of Patient		Date	
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If the patient is unable to give consent, a proxy form must be completed and attached.

DECLARATION BY DOCTOR:

- I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's Signature		Date	
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Doctor's Name <i>(please print)</i>	Dr Ritu Rana
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INTERPRETER'S DECLARATION:

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's Signature		Date	
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Interpreter's Name <i>(please print)</i>	
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