

CONSENT FOR THE INSERTION OF AN ETONOGESTREL (ENG) CONTRACEPTIVE IMPLANT

I have received information about the insertion, use, benefits, side effects and risks of the
_____ contraceptive implant.

(Indicate brand)

I understand that insertion of the contraceptive implant may entail the following serious complications, which remain very rare (1% of insertions):

1. **Non-insertion of the implant:** which can lead to an unplanned pregnancy due to lack of contraception.
2. **Allergic reaction:** to a component of the implant (most likely barium).
3. **Localized infection:** which can have a systemic effect.
4. **Migration of the implant:** into soft tissue, into a blood vessel in the upper limb, armpit, neck, chest wall or lungs.
5. **Vascular lesion:** due to deep insertion into a blood vessel in the arm.
6. **Neurological lesion:** due to damage to a nerve in the arm.

There may also be side effects such as bruising and pain at the insertion site.

I understand that persons with a body mass index (BMI) of less than 25 kg/m² are at higher risk of deep insertion of the ENG implant and of potentially serious complications (difficult removal, migration, neuropathy).

I also understand that only a health care professional trained and authorized to insert or remove the contraceptive implant may do so.

I have been informed of the risks and received the standard advice to follow after insertion of the contraceptive implant (I was given an explanatory document on the subject) and my health care professional has answered all my questions.

Signature of patient: _____

Date: ____/____/____
Year / month / day

Signature of
health care professional: _____

Date: ____/____/____
Year / month / day