

CONSENT FOR THE INSERTION OF AN INTRAUTERINE DEVICE (IUD)

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

(Indicate model)

I understand that insertion of the IUD may entail the following risks:

1. **Infection:** infection of the uterus and fallopian tubes is rare and usually occurs within 21 days of IUD insertion. This is caused by the introduction of bacteria into the uterus during insertion of the IUD. A medical examination is recommended before IUD insertion to ensure the absence of the bacteria most frequently implicated (chlamydia, gonorrhea, vaginosis).
2. **Expulsion:** sometimes the IUD is partially or completely expelled from the uterus. The risk of expulsion is higher during the first few years of use. If partial or complete expulsion occurs, there is a risk of pregnancy. A new IUD may be inserted.
3. **Perforation:** very rarely (around 1 in every 1,000 insertions), the IUD may partially or fully perforate the uterine wall. A perforation most often occurs during IUD insertion but may be detected several weeks or months later. The risk of uterine perforation increases when the IUD is inserted within 6 weeks of delivery and during breastfeeding.
4. **Pregnancy:** the risk of pregnancy is very low with an IUD (less than one pregnancy per 100 women in one year). If a pregnancy occurs while the IUD is being used, there is up to a 50% risk of it being ectopic. If pregnancy occurs, the IUD can be removed.
5. **Ovarian cyst (hormonal IUD):** up to 22% of levonorgestrel IUD users may develop ovarian cysts. Usually, these cysts are asymptomatic, associated with normal ovulation, and resolve spontaneously.

I have been informed of the risks and received the standard advice to follow after insertion of the IUD (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