

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

I have received information about the removal of the ENG contraceptive implant and the associated risks.

I understand that removal of the contraceptive implant may entail the following serious complications, which remain very rare (1 to 5% of removals):

1. A difficult removal.
2. A localized infection (which can have a systemic effect).
3. A neurological lesion (due to damage to a nerve in the arm).

There may also be side effects such as bruising, slight bleeding and pain at the removal 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 implant and, consequently, of serious complications when the implant is removed.

I also understand that only a health care professional trained and authorized to remove contraceptive implants may do so.

I have received the standard advice to follow after removal of the contraceptive implant, 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