



**INFORMED CONSENT TO  
IUD (Intrauterine Device) INSERTION**

It is very important to Women's Health Center of Lebanon that you understand and consent to the treatment your doctor is rendering and any procedure your doctor may perform. You should be involved in any and all decisions concerning surgical procedures your doctor has recommended. Sign this form only after you understand the procedure, the anticipated benefits, the risks, the alternatives, the risks associated with the alternatives and all of your questions have been answered. Please initial and date directly below this paragraph indicating your understanding of this paragraph.

\_\_\_\_\_  
Patient's Initials or Authorized Representative                      Date

I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ and any associates or assistants the doctor deems appropriate, to perform an IUD insertion.

The doctor has explained the benefits of the procedure(s) to me. However, I understand there is no certainty that I will achieve these benefits and no guarantee has been made to me regarding the outcome of the procedure(s). I also authorize the administration of sedation and/or anesthesia as may be deemed advisable or necessary for my comfort, well being and safety.

**Proposed Procedure:** A pelvic exam is performed by your physician to determine the size and position of the uterus. Your cervix is exposed with a speculum and is cleansed with an antiseptic. Your doctor will pass a uterine sound, a blunt rod-shaped instrument, through your cervical canal and into the uterus to determine whether your uterus is big enough to accommodate an IUD and if so, how deep he or she will need to insert the IUD to reach the top of the uterus (the fundus). Sometimes a long clamp called a tenaculum is used to grasp the cervix to provide traction during sounding and placement of the IUD, many times it is not necessary.

The doctor folds down the arms of the T-shaped device and loads it into a long tube. He or she inserts the tube into the uterus and releases the IUD by slowly and gently withdrawing the tube. This part of the procedure may cause cramping due to uterine contractions.

After insertion, you may want to put one or two fingers into your vagina to check for your strings, which are attached to the IUD but extend out from the cervix to a variable length, but not generally outside of the vagina. Once you have located your cervix, it will feel smooth, firm and round and you can touch the strings, which feel like nylon fishing line. Every month after your period you should check in this manner to ensure that you have not expelled the device. You will also want to make sure you cannot feel the hard tip or heel of the IUD coming out of your cervix.

**Risks/Possible Complications:** The doctor has explained to me that there are risks and possible undesirable consequences associated with this procedure including, *but not limited to*, infection, perforation of the uterine wall or cervix (which could cause damage to other internal organs such as bowel or bladder, which could require further procedures to correct), pelvic inflammatory disease (PID), tubal infertility, peritonitis (infection of the entire abdomen), vaginitis, cervicitis, abdominal pain, high fever, vaginal discharge, bleeding and cramping. Pregnancy, IUD expulsion from the uterus, lost strings, allergic reactions to copper, and/or death can also occur. I understand that if I need blood or blood products these carry a risk of contracting HIV/AIDS, hepatitis, or other diseases.

Pregnancy can occur even when the IUD is properly placed. IUD users have twice as many miscarriages as do nonusers; and ectopic pregnancy (a pregnancy developing outside the uterus) occurs more often among IUD users than among those who use the Pill, diaphragms, condoms, or spermicides.

In permitting my doctor to perform the procedure(s), I understand that unforeseen conditions may be revealed that may necessitate change or extension of the original procedure(s) or a different procedure(s) than those already explained to me. I therefore authorize and request that the above-named physician, his assistants, or his designees perform such procedure(s) as necessary and desirable in the exercise of his/her professional judgment.

In the unlikely event that one or more of the above inherent complications may occur, my physician(s) will take appropriate and reasonable steps to help manage the clinical situation and be available to me and my family to address our concerns and questions.

**Alternative Procedures:** The reasonable alternative(s) to the procedure(s) have been explained to me. These alternatives include, but are not limited to: \_\_\_\_\_

\_\_\_\_\_.

The risks of the alternatives include, but are not limited to: \_\_\_\_\_

\_\_\_\_\_.

I hereby authorize the doctor to utilize or dispose of removed tissues, parts or organs resulting from the procedure(s) authorized above.

I consent to the admittance of students or authorized equipment representatives to the procedure room for purposes of advancing medical education or obtaining important product information.

By signing below, I certify that I have had an opportunity to ask the doctor all my questions concerning anticipated benefits, material risks, alternative therapies, and risks of those alternatives, and all of my questions have been answered to my satisfaction.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date    Time    Signature of Patient or Authorized Rep.                      Relationship of Authorized Rep.

