



INFORMED CONSENT FOR MIRENA IUD INSERT

The Mirena IUD offers safe, effective and long-term contraception and can be of benefit for women experiencing heavy menstrual bleeding. There is also known benefit for women suffering from endometriosis and uterine fibroids. There are benefits and risks with all procedures. In signing this document I agree that I have been informed of both the benefits and the risks of using the Mirena IUD.

Contraceptive Benefit: The risk of pregnancy with the Mirena IUD is less than .1% (following female sterilization the risk is .5% and male sterilization the risk is .15 %). Return to fertility is rapid after the removal of the IUD.

I understand that I may or may not have cramping at the time of IUD insertion and for a few days following. Spotting or light to moderate vaginal bleeding after insertion of the IUD is not uncommon. Difficulty inserting the IUD is rare but may include the need for dilation of the cervix, severe pain, and inability to insert the IUD. Alliance staff will take measures for patient comfort which may include the use of local anesthetics and cervical softening medicines. Perforation of the uterus during insertion is rare, with occurrence of 1 in 1000 insertions but remains an unlikely but potential risk. Pelvic Inflammatory Disease complicating IUD insertion is uncommon, and this risk decreases after the first 20 days after insertion.

Change in my menstrual cycle is anticipated, although cannot be accurately predicted.

Spotting may occur on an irregular basis for 3 – 6 months. Reduction in menstrual blood flow occurs because of the medication in the IUD, levonorgestrel, which is released in small amounts and prevents thickening of the lining of the uterus. Following one year of use approximately 50 % of women stop having a menstrual flow. These are both safe and anticipated possible side effects.

I have received and read the Mirena IUD patient booklet. There are a number of possible side effects listed. I am aware of certain risks and consequences that are associated with insertion of the IUD, outlined in the Mirena patient booklet.

I acknowledge that following review of my medical history or upon examination I may be denied insertion of the IUD by the examining provider.

I hereby authorize Dr Guerin and or such assistants or associates of her choice to perform the insertion of the Mirena IUD.

PATIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

For office use only

MVP PROPHYLAXIS GIVEN: YES _____ NO _____

GC/CT: NEGATIVE _____ DONE AT TIME OF INSERTION _____

PROPHYLACTIC ANTIBIOTICS GIVEN: YES _____ NO _____