

CONSENT FOR CONTRACEPTIVE IMPLANT (Jadelle)



I am requesting the insertion of a contraceptive implant to stop me becoming pregnant.

I have been informed of and understand the advantages:

- It has a failure rate of 0.05% (less than sterilisation)
- It lasts up to 5 years

I have been informed of and understand the possible disadvantages:

- The insertion will require a local anaesthetic injection in my arm and there will be a small scar both for insertion and removal.
- The wound can be sore for a few days and occasionally can become infected.
- The bleeding with my periods is likely to change – I may get irregular, unpredictable bleeding or no bleeding at all. Sometimes there is treatment to help with bleeding if it is a problem. (See your usual doctor or Family Planning for medication to help with the bleeding).
- A few women may have other side effects from the hormone and these have been explained to me.
- It is recommended that the device is removed 5 years after insertion or sooner if a pregnancy is desired.
- When it is time for removal, it may be difficult to feel the implant – this may make it harder to remove and I may need to be referred to another provider to have it removed.
- I have been given the opportunity to ask questions.

Patient's Name: _____

Signature: _____

Date: _____

I have talked about the advantages and disadvantages of a contraceptive implant and given the woman the opportunity to ask questions.

Name: _____ (Doctor/Nurse)

Signature: _____ Date _____