

Informed consent form for insertion of a coil (IUD)

Surname:

First name:

Date of birth:

You have decided to have a coil (IUD) inserted for contraception or for controlling bleeding. You will decide together with your doctor what type of coil will be used.

Principle of contraception using a coil: Today's modern coils are small plastic rods that are either wrapped in copper or contain progesterone. The coil is inserted through the vagina - via the cervix - into the uterus and lies inside the uterine cavity, where small amounts of copper or progesterone are released into the surrounding environment. As a result, you benefit from reliable contraception.

Copper coil: Inside the uterus, the copper coil produces a toxic effect on sperm, causing local inflammation of the endometrium and thereby preventing implantation of any fertilized egg. Since the advantage of the copper coil is the absence of hormones, it can be recommended to patients for whom hormones are contraindicated or for those women who are worried about their side effects. The contraception provided by a copper coil is highly effective. The inserted copper coil can prolong and intensify menstrual bleeding and may cause increased pain during menstruation. In rare cases, the coil can slip and significantly reduce the contraceptive effect. It is important therefore to check the position of the coil after insertion by an ultrasound scan. Please tell your gynecologist if you feel that the coil has slipped.

Hormonal coil: The hormonal coil causes thinning of the endometrial lining of the uterus. Most of the hormone is absorbed locally (95%). Although less bleeding usually occurs with hormone-containing coils, and can even be very irregular or completely absent, this is not detrimental to health in any way. In rare cases, mood changes and, very rarely, depression or decreased libido may occur in appropriately predisposed women. Ovarian cysts may also occasionally form, but these regress spontaneously and are much rarer than with other forms of hormonal contraception. The contraception provided by a hormonal coil is very safe. The bleeding episodes can be very irregular at first, but even out after 3 – 6 cycles. Slippage occurs very rarely and does not usually reduce the effectiveness of the coil. If you notice any pain as a result of a slipped coil, arrange for its removal by your gynecologist.

Insertion method: The manufacturers of most IUD models provide a special instrument designed to facilitate insertion and ensure correct positioning.

Before a coil is inserted, a gynecological examination must ensure that there are no infections and that the uterus has a normal shape and size. The inside of the uterus and the position of the uterus can also be assessed through ultrasound. Pregnancy must be ruled out before insertion.

The coil is inserted on the gynecological examination chair and does not usually require a general anesthetic. After careful disinfection, the surface of the cervix is grasped with a fine instrument and the uterus is gently pulled down. The length of the uterine cavity is measured using a thin probe (hysterometer). Next, the coil is inserted into the uterus until it comes to rest at the highest point. The threads, which are attached to the bottom of the coil and serve for later removal, are trimmed to approx. 2 cm.

The correct position of the coil is confirmed by a second ultrasound scan.

After IUD insertion, there may occasionally be increased or painful menstrual bleeding. In the event of persistent complaints or complaints at a later date, it is advisable to consult your doctor.

Risks and complications: Very rarely, the coil may be positioned incorrectly or, at a later date, move out of position. The risk of abdominal infection is slightly higher overall. Rarely, a coil may fall out of the uterus and be lost. The contraceptive protection afforded by different coils varies, and there is a slightly increased risk of an

ectopic pregnancy. Should you become pregnant despite the presence of an IUD, generally the coil should be removed if this is easy to do. There may occasionally be increased or painful menstrual bleeding when an IUD is present.

Cost: Health insurance does not usually cover the cost of a coil. In special cases where the coil is inserted because of bleeding disorders, part of the cost is covered.

Your questions:

Informed consent discussion

Interpreter: _____

Proposed procedure:

Outline of the procedure:

Doctor's notes on the informed consent discussion (reason for dispensing with discussion, individual risk-increasing circumstances: age, heart disease, obesity, etc.).

Alternative treatment options:

Date:

Time:

Duration of informed consent discussion:

Treatment order:

Dr. _____ has had an informative talk with me. I have understood the explanations and was able to ask any questions I had. I have been given a written record of the discussion.

I agree with the proposed procedure as well as with the changes and extensions discussed that may be required during the procedure.

Place, date:

Patient:

The text on the front page was discussed with the patient, the questions answered and a written copy of this discussion was given to the patient.

Date, time:

Doctor: