

## CONSENT FOR CONTRACEPTIVE IMPLANT (Jadelle)

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

I have been given the opportunity to ask questions.

I understand I should not have this implant if I have had breast cancer in the last 5 years

I have told the doctor/nurse of all the medications I am currently taking

I understand that I must tell my doctor/nurse if I start taking any medications that may interact with the implant

I have been informed of and understand the advantages:

- It has a failure rate of 0.05%
- It lasts up to 5 years and can be removed earlier should I wish

I have been informed of and I understand the possible risks:

- The insertion will require a local anaesthetic injection in my arm and there will be a small scar from both insertion and removal.
- The wound could become infected.
- I may experience pain/bruising or tingling at the insertion site
- There may be a lump where the implant sits in my arm
  
- The bleeding with my periods may change - I may get irregular, unpredictable bleeding or no bleeding at all
  
- 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 understand I must tell my doctor/nurse if I become pregnant while I have this device

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