Intrauterine Device Removal Consent

Intrauterine device: A device placed in the uterine cavity.
Mirena/Skyla/Liletta/Kyleena/Paragard.

Procedure: The procedure is performed in the office. You will be on your back. Your legs will be in stirrups. A speculum will be inserted into the vagina to visualize your cervix. The strings of the intrauterine device should be visible. If they are not, an ultrasound may be necessary to determine the location of the device. The strings will be grasped with sterile forceps and using gentle traction, removed. cut to approximately 3 cm outside of the cervix.

Risks: Are inclusive of but not limited to pain, bleeding, dizziness, lightheadedness, surgery, exposure of potential pregnancy.

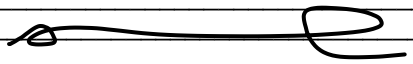
Benefits: 1) pregnancy; 2) other: _____.

Alternatives: Oral contraceptive pills (combined or progesterone only), Nexplanon, Nuvaring, Depo-provera injections, A hormone patch, surgical sterilization, condoms, abstinence, do nothing.

Indications: 1) pregnancy; 2) other: _____.

Acknowledgement

I acknowledge that I have read and understand this written material. I understand the risks, benefits, alternatives and indications of this procedure. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the procedure. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. This procedure has been explained to me in language that I understand. I have been given the opportunity to ask questions which have been answered to my satisfaction. I have also considered other options and alternatives. I consent to the performance of the procedure described above.

Patients Name (print) _____
Patients Signature _____
Physician Name (print) Honey MIlestone
Physician Signature 
Witness Name (print) _____
Date: _____/_____/_____