Generations Med Clinic
Phone: 604-260-4488 Fax: 778-372-9600

INTRAUTERINE DEVICE (IUD) CONSENT FORM

An intrauterine device (IUD) is a small, T-shaped device placed inside the uterus to prevent pregnancy. There are two main types available at Generations Med Clinic: hormonal IUDs (e.g., Mirena, Kyleena, Liletta) and copper IUDs (e.g., Mona Lisa, Liberté).

PRE-PROCEDURE INFORMATION:

• The IUD is inserted by a trained healthcare provider. The procedure usually takes a few minutes.
• Cramping or discomfort during insertion is normal. You may take ibuprofen or acetaminophen beforehand if advised.
• You should not be pregnant and should inform your provider if there is a chance of pregnancy or infection.

POSSIBLE RISKS AND COMPLICATIONS (DURING OR SHORTLY AFTER INSERTION):

• Cramping, pain, or dizziness during or immediately after insertion
• Perforation of the uterus (rare, approximately 1 in 1,000 insertions)
• Expulsion of the IUD (partial or complete, about 2–10% of cases)
• Infection within 3 weeks of insertion (rare, less than 1 in 100)
• Allergic reaction to IUD components (rare)

LONG-TERM OR POST-INSERTION COMPLICATIONS:

• Changes in menstrual bleeding patterns:
  – Hormonal IUD: lighter periods or no periods
  – Copper IUD: heavier or longer periods, increased cramps
• Pain during sexual intercourse or persistent pelvic pain
• Pregnancy with IUD in place (rare, but increased risk of ectopic pregnancy if it occurs)
• Device migration or embedding in uterine wall (rare)

AFTERCARE INSTRUCTIONS:

• Check IUD strings monthly (after each period if applicable).
• Mild cramping or spotting may occur for a few days.
• Use a backup contraceptive for 7 days if a hormonal IUD is inserted more than 7 days after period start.
• Contact the clinic if you experience:

– Severe or persistent pain or bleeding
– Fever, chills, or unusual discharge
– You cannot feel the IUD strings, or you feel the hard part of the IUD at your cervix

CONSENT DECLARATION:

I have read and understood the above information. I have had the opportunity to ask questions and all my concerns have been addressed. I consent to the insertion of an intrauterine device (hormonal or copper) by a qualified healthcare provider at Generations Med Clinic.

Patient Signature: _____

Date: _____