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Mirena Levonorgestrel Releasing Intrauterine System Consent Form

1. I request that _____, insert a Mirena Intrauterine System (IUS) into my uterus for use as a contraceptive method. I plan to follow the instructions given to me and return for check ups as I have been instructed.
2. I have read and signed the Mirena manufacture's consent form. I have had a chance to ask questions and to have them answered to my satisfaction.
3. I have answered truthfully all questions my clinician and her assistant asked about my medical history.
4. I understand that pregnancy can happen with Mirena in place. Less than 1 woman out of 100 will get pregnant with Mirena use. This is better than or comparable to pregnancy rates with oral contraceptives, OrthoEvra Patch, NuvaRing, Depo-Provera, and Norplant. If I become pregnant with the Mirena in place I should have the Mirena removed as soon as possible. There is an approximately 25% chance of miscarriage if this should happen.
5. I understand that the Mirena IUS does not protect against sexually transmitted diseases.
6. I understand that Mirena IUS use may increase my risk of infertility if I develop Pelvic Inflammatory Disease (PID). PID can cause permanent blockage of the fallopian tubes, sterility, and ectopic pregnancy. I can reduce my risk of developing PID if I am in a mutually monogamous sexually relationship.
7. I understand that the Mirena needs to be removed in 5 years following the date of insertion. It may be replaced at that time with a new Mirena.
8. I understand that perforation (hole in the uterine wall) of the uterus is rare but can happen in 1 in 1000 women and it may need surgery to be corrected.
9. I understand that there is a small risk that the IUD may fall out after being inserted. This will leave me unprotected against pregnancy.
10. I understand I need to return to the clinic yearly for my annual Pap smear and exam.
11. I understand my menstrual periods may become irregular after insertion of Mirena.
12. I understand that the Mirena IUS will not be given to me if I now have:
 - Pregnancy or suspicion of pregnancy
 - Pelvic Inflammatory Disease (PID) or significant history of PID

- More than one sexual partner or a partner with more than one partner
- Allergy or sensitivity to silicone, levonorgestrel or polyethylene
- An intrauterine contraceptive already in place
- Unexplained genital bleeding or bleeding between periods
- Current vaginal infection
- Recent abnormal Pap smear
- Current genital sores or lesions
- History of uterine or pelvic surgery
- Acute liver disease or liver carcinoma
- Breast carcinoma
- Jaundice

13. I understand the IUS danger signs I must watch for are : **“PAINS”**
- Period late (pregnancy), abnormal spotting or bleeding
 - Abdominal pain, pain with intercourse
 - Infection exposure (such as Gonorrhea or Chlamydia), abnormal discharge
 - Not feeling well, fever, chills
 - String missing, shorter or longer
14. I understand I need to check the IUS strings once a day for a week, once a week for a month, after my first period, after the first time I have intercourse, and then monthly for as long as I have the IUS.
15. I understand that I must see my clinician at once if I develop any of these signs, and that I should go to a hospital emergency room if I am unable to see my clinician.
16. I understand that if complications from the Mirena IUS require medical follow-up, the expense of medical follow-up is my responsibility.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents. I have had the chance to ask questions. All my questions and concerns have been answered to my satisfaction. I will indicate my informed consent for treatment with the following signature:

Date

Signature of Patient

Witness