**South Warwickshire Implant Consent Form**

Name of Patient...............................................................................

Date of Birth.....................................................................................

Please confirm that you have understood and agreed to the following:

* I have read through the leaflet on the Implant
* I understand it is not safe to insert an implant if I might be pregnant. I can confirm I have been either:
  + Using an effective method of contraception without any problems (e.g. burst condom/missed pill) since my last period or
  + I have not had sexual intercourse since my last period
* I understand that no method of contraception is 100% effective and there is a very small chance of failure (less than 1 in 100 chance of pregnancy)
* I understand that side effects can be irregular bleeding that can be heavy, moderate or light and may persist
* I understand that the implant provides contraption for 3 years. After this time it is my responsibility to arrange for replacement or to use another method of contraception, otherwise there is a risk of pregnancy
* I understand there is a risk of infection, bleeding, bruising, swelling, scarring or an allergic reaction to the anaesthetic, implant or type of dressing used
* There will be a small scar

Information relating to insertion:

* It can take 7 days to be fully effective as a method of contraception, therefore another form of contraception needs to be used until then after fitting
* A small amount of local anaesthetic is used to numb the area and the device is inserted using an introducer under the skin. Please let the clinician know if you have any allergies

Information relating to removal

* A small dose of local anaesthetic is injected into the skin at the lower end of the implant to numb the area. When numb, a small cut is made through which the implant can be pushed to remove it.
* After removal, if the implant is not replaced immediately there is a risk of pregnancy and another form of contraception should be used if needed
* After removal steristrips and a bandage are used to help the area heal. The bandage can be removed after 24 hours

I consent to having the subdermal implant inserted/replaced/removed

* Name..................................................................... Date......................................
* Signature...............................................................
* Name of fitter........................................................ Date......................................
* Signature...............................................................