

## Space for Medical Institution Name and Logo

ט 6970/0070/UTRS/OBGYN/2003 יוני

### טופס הסכמה : בקשה והסכמה להתקנת תוך רחמי

## REQUEST AND CONSENT FORM: INSERTION OF IUD

An intrauterine device is an appliance that is inserted into the uterus in order to prevent pregnancy.

It is known statistically that the device prevents pregnancy in 95%-98% of cases.

In order to achieve maximal effectiveness, it needs to be replaced every 3-5 years.

The procedure is carried out without anesthesia and is associated with discomfort.

Before insertion of the device you must report to the physician details concerning your health, especially if you suffer or have suffered from diseases that are liable to be a contraindication to the use of a device such as: irregular vaginal bleeding, heavy bleeding during menstruation, pelvic infection, extrauterine pregnancy in the past or an abnormality of the uterus. The date of the last period must also be reported to the physician.

**Aside from the effectiveness of the device, the following side effects and complications are also recognized:**

- Increased bleeding and pain at menstruation or reduced bleeding of different degrees up to complete cessation of bleeding at the time of menstruation, depending on the type of device.
- Increased incidence of infections in the genital organs that are liable to cause fertility problems in the future.
- Extrusion of the device without feeling/knowing that it has come out.
- Becoming pregnant with the device and possibly ending with miscarriage due to infection.
- Inability to withdraw the device with the string that is attached to it, which will necessitate the use of other means to the extent of its withdrawal under an anesthetic.
- Penetration of the device into the wall of the uterus or the abdominal cavity. In such cases surgical intervention may become necessary. This complication is rare.
- Extrauterine pregnancy.

**In the event of one of the following signs you are to consult a physician:**

- Unusually strong or untimely bleeding.
- Lower abdominal pain.
- Unusual vaginal discharge.
- Delay in menstruation.

**I hereby declare to the best of my knowledge that I/the woman am/is not pregnant.**

**You must be certain to make follow-up visits to the physician as he recommends.**

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the intrauterine device, its effectiveness, my expected behavior and the possible complications of its insertion and its presence in the uterus.

I declare and confirm that I have also received an explanation regarding alternative methods of contraception, their advantages and disadvantages, side effects and possible complications.

I have read the above explanation and I request and consent to the insertion of an intrauterine device.

It is agreed that the device to be inserted is of the type \_\_\_\_\_



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Name of Woman: \_\_\_\_\_  
Last Name First Name ID No. Signature Date

\_\_\_\_\_  
Last name of Guardian First name Relationship ID No. Guardian's Signature Date

I hereby confirm that I provided the patient / the patient's guardian\* with a detailed verbal explanation of all the abovementioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

\_\_\_\_\_  
Name of Physician Physician's Signature License No.

\* Cross out irrelevant option.



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