

Patient name:**Date of birth:****Patient information sheet Hormone IUD (Intrauterine contraceptive Device):**

- Hormone effects (progestin, no estrogen) mainly local
- Mucus in the cervix becomes thicker and the sperm cannot penetrate the uterus
- The lining of the uterus builds up less, this prevents the implantation of a possibly fertilized egg
- ovulation takes place
- Pearl-Index 0,16 (pregnancies occur in 1-2 out of 1000 women annually)
- Effective: Mirena® and Kyleena® 5 years, Jaydess® 3 years, earlier removal possible at any time

When and how is an IUD inserted?

Required before the insertion: gynaecological examination, inconspicuous pap smear test (not older than one year), in some cases: current chlamydia smear test

Insertion and change: during menstruation:

The interior of the uterus is examined with a probe. The IUD is introduced inside the uterine cavity with the help of an introductory device. There it unfolds and takes effect immediately.

After insertion, the return thread is shortened to a length of approx. 2 cm.

The correct fit is then checked by ultrasound.

Possible side effects and complications

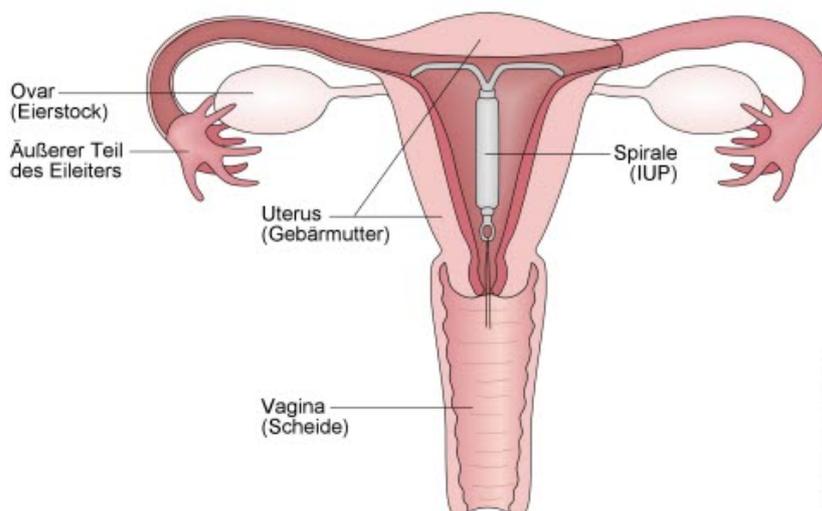
<u>Pain</u>	Abdominal and back pain are possible within the first few days after insertion.
<u>Menstrual bleeding</u>	Smear and intermenstrual bleeding are common in the first few months, however, menstrual bleeding is likely to diminish or stop altogether.
<u>Inflammation</u>	The risk of pelvic inflammation is increased (6 out of 1000 women). In case of symptoms such as abdominal pain, unclear fever or changed discharge, treatment should be started as soon as possible. Untreated infections in the area of the uterus and / or neighboring organs (for example fallopian tubes) can be severe and in some circumstances lead to infertility.
<u>Dislocation</u>	Occasionally an IUD can slip out of position. Within the first year, this happens to 1-5 out of 100 women. During the entire period of 5 years, this happens to 5-10 out of 100 women. Hard physical work, sport or sex do not cause the IUD to slip. However, we do not recommend using the menstrual cup (Ladycup®), as this can cause the IUD to slip.
<u>Ovarian cysts</u>	Occur more often, but usually resolve on their own and rarely require treatment.
<u>Perforation</u>	Inserting the IUD can, in rare cases, result in an injury to the uterus (1 out of 1000 women). An operation may therefore be necessary in this case.
<u>Pregnancy</u>	If you get pregnant despite having an IUD, a gynaecologist should be consulted as soon as possible as to how to proceed further. If you

would like to conceive children, have the IUD removed by a doctor. A pregnancy is possible immediately afterwards.

Possible hormonal side effects With the hormone IUD, mood changes can occur in rare cases, and very rarely depression or even a decrease in the sensation of pleasure and weight changes.

Ultrasound check

The first check will take place in our surgery one week after the insertion of the IUD. After that, regular checks should be carried out by your gynaecologist every 6 months.



Dr. _____ gave me a pre-treatment consultation.

I hereby confirm that I was thoroughly informed about the planned contraception with a **Hormone IUD**, the associated intervention, the risks and possible complications, as well as the effectiveness of the copper IUD. Any further related questions have been fully clarified. I hereby consent to a **Hormone IUD** insertion.

Date

Patient's signature

The procedure was discussed with the patient and all questions were clarified.

Date

Doctor's signature