

Contraceptive Implant: Self-Assessment and Consent Form

Please read and complete this self-assessment and consent form before attending your appointment. Remember to bring the completed form to your contraceptive implant appointment.

I have watched the recommended [video on Nexplanon contraceptive implant](#).

I understand that this is the most effective female method of contraception available but that no method is 100% effective and that there is a small risk of failure.

I understand this method gives no protection against sexually transmitted infections.

I understand that it lasts for up to 3 years but I can have it removed before this after discussion with a health professional.

I understand that my fertility should return to whatever it would normally be within a few days after removal.

I understand I may experience some hormonal side effects from the method, these may include:

- Change in bleeding pattern - no periods, occasional spotting, regular periods, prolonged/nuisance bleeding pattern
- Headaches, breast symptoms, skin changes, weight gain

I understand these side-effects will usually settle after the first few months of use.

I understand that the fitting procedure:

- Involves a local anaesthetic
- I am likely to have bruising and discomfort around the insertion site for up to a week
- I need to keep the area dry until the small wound is healed - usually 3-4 days
- Insertion and removal of implants will leave a small scar

There are some very rare but serious risks including:

- Nerve damage of the arm
- Migration of the implant - where it can move to another area of the body

These risks are minimal when fitted by a registered and experienced practitioner.

I will check I can feel my implant in my arm 6 weeks post fit and contact my GP if I can't feel it then or at any other point.

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I understand the implant can normally be removed in the GP surgery or via a Sexual Health clinic.

Very occasionally it may fail to be removed, or if it cannot be felt prior to attempted removal, I may need to be referred to a specialist clinic for further management.

I understand it is important to fit this when I am not already at risk of pregnancy:

- I am using a hormonal method of contraception correctly...OR
- I have not had vaginal sex since the beginning of my last period.....
OR
- I have not had vaginal sex for at least 3 weeks.....OR
- I am having as existing implant replaced which is still in date

Patient Name (please print)

Patient Signature

Date of Birth

Date