**Petersgate Medical Centre**

**CONSENT FORM FOR NEXPLANON INSERTION**

* Nexplanon is a highly effective method of preventing pregnancy ( less than 1:1000 women fall pregnant using this method). Nexplanon is a form of hormonal contraception (progesterone only contraception). It works mainly by preventing the release of an egg (ovulation). It is licensed to work as a contraceptive device for three years after insertion. After this time it will need to be replaced or an alternative form of contraception will need to be used. (The date of removal will be provided by the doctor who has inserted the device at the time of fitting)
* It is the patient’s responsibility to keep this date safe, particularly in case of moving surgery before the Nexplanon is due to be changed. DATE OF CHANGE:
* Nexplanon has a variable effect on the periods after insertion. 20% patients have no bleeding with this method. In 50% women, the periods may be infrequent, frequent or prolonged.
* Some hormonal effects due to the small amount of hormone in the Nexplanon have been recorded including greasy skin. There has been no evidence that it causes mood changes, headaches or weight changes.
* A small amount of local anaesthetic will be injected to numb the skin before the implant is inserted into the arm.
* A tiny scar may form at the site of insertion. There is a risk of bruising, which is temporary, and a small possibility of infection at the site of insertion.
* A pressure bandage will be applied to reduce bruising after insertion of the device which can be removed after 24 hours.
* The device will need to be removed by a minor procedure involving local anaesthetic injection to numb the skin and a tiny incision (cut) through which the device can be removed. This may result in a small scar.

**I have read the above and consent to the insertion of Nexplanon as described**.

**NAME**

**SIGNATURE**

**Date**

**Signature of doctor performing the Nexplanon insertion.**