

# INFORMED CONSENT FOR NEXPLANON INSERTION



I will be having a NEXPLANON inserted. I understand the following:

NEXPLANON protects against pregnancy for 3 years.

NEXPLANON is an implant that contains a progesterone hormone, etonogestrel. I do not have an allergy to the hormone etonogestrel.

NEXPLANON should not be placed if I am already pregnant, and to the best of my knowledge I am not currently pregnant.

I don't have the following medical conditions: a liver tumor, breast cancer, SLE or unexplained vaginal bleeding.

NEXPLANON may not be effective if I have a high body weight or if I use medications that can affect my liver function, or if I take certain anti-epileptic/convulsant medications.

I understand the risks of NEXPLANON placement: redness, infection, bruising, pain, swelling, scarring, incorrect placement (which can lead to the implant moving or pain/numbness) and incomplete insertion or expulsion (implant falls out).

There is a rare possibility that NEXPLANON is inserted too deeply and is inserted into my blood vessels, this risk is less than 1/10 000.

I understand common side effects including headache, breast pain, abdominal pain, irregular bleeding, and occasional heavier periods.

I understand there are less common side effects including weight gain (commonly 0-2.5kg), acne, emotional changes and potential medical interactions.

Most women have change in their menstrual bleeding patterns while using NEXPLANON. I am aware that I will likely have changes in my menstrual bleeding pattern. My bleeding may be irregular, lighter or heavier, or my bleeding may completely stop.

After my NEXPLANON has been implanted in my arm I should check that it is in place by gently pressing my fingertips over the skin where the implant was placed. I should be able to feel the implant.

NEXPLANON implant must be removed at the end of 3 years. It can be removed sooner if I want.

Removal is usually a minor procedure. Sometimes, removal may be more difficult. Special procedures, including surgery in the hospital may be needed. Difficult removal may cause pain and/or scarring and may result in injury to nerves and blood vessels.

If I think I am pregnant I should contact my health care provider as soon as possible.

I should tell other health care providers that I am using NEXPLANON when I am asked about medications and my medical history.

I am aware that NEXPLANON does not protect me from Sexually Transmitted Infections

**I have read the above information. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks with the insertion and use of NEXPLANON. I consent to the insertion of this device.**

Patient Name: \_\_\_\_\_ [Patient First Name Last Name]

Signature of patient: \_\_\_\_\_

Date: \_\_\_\_\_ [Today's Date]

