



Consent for Nexplanon Insertion

I consent to the insertion of Nexplanon, a contraceptive implant.

I confirm that the following risks and benefits of the procedure have been explained to me:

Benefits:

- ☐ Convenience – no pills to remember, lasts for 3 years;
- ☐ One of the most reliable methods of contraception (99% effective), may lighten or stop periods;
- ☐ Normal level of fertility returns as soon as implant is removed.

Risks/Disadvantages:

- ☐ Erratic bleeding patterns are possible;
- ☐ Possible side effects – acne, breast tenderness, bloating, mood swings;
- ☐ Small risk of infection when implant is inserted or removed;
- ☐ Small scar on arm where implant is inserted and removed;
- ☐ Although the implant is very effective, there is a small failure rate (<1/1000 in 3y);
- ☐ There is a very small risk of the implant being placed too near the surface of the skin or too deep into the muscle. If this occurs the implant could be more difficult to remove, it could allow the implant position to change over time and it could cause discomfort associated with injury to the nerves near the surface of the skin;
- ☐ There is a very small risk of the implant breaking when it is inserted;

I understand that this is a contraceptive device, but will not protect me against sexually transmitted infections.

I have either not had sex since my last period or I am using another method of contraception.

Name:

Date of Birth:

Date:

NHS No:

Signature:

If you need us to send you information in a different format to our standard letter, for example large print, or if you need help to communicate with us, for example because you use British Sign Language, please let us know. If these needs change in the future please let us know so we can update your record.