Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

MOCLI60831

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

Installation : _____

CONSENT FOR INSERTION AND REMOVAL OF ETONOGESTREL (ENG) CONTRACEPTIVE IMPLANT

☐ INSERTION

I have received information about the insertion, use, benefits, side effects, and risks of the following contraceptive implant:

_____
Indicate brand

I understand that insertion of the contraceptive implant may cause the following serious complications, which are very rare (occurring in 1% of insertions):

1. **Non-insertion of the implant**: which may result in an unplanned pregnancy due to lack of contraception.
2. **Allergic reaction:** to a component of the implant (most likely barium).
3. **Localized infection:** which can have a systemic effect.
4. **Migration of the implant:** into soft tissues, a blood vessel in the arm, the armpit, neck, chest wall, or lungs.
5. **Vascular lesion**: caused by inserting the implant too deeply into a blood vessel in the arm.
6. **Nerve lesion:** caused by damage to a nerve in the arm.

There may also be side effects such as bruising and pain at the insertion site.

I understand that persons with a body mass index (BMI) of less than 25 kg/m2 are at higher risk of deep insertion of the ENG implant and of potentially serious complications (difficult removal, migration, neuropathy).

I also understand that only a healthcare professional trained and authorized to insert or remove the contraceptive implant may do so.

I have been informed of the risks and the usual instructions to follow after insertion of the contraceptive implant (I was given an information document on the subject), and my healthcare professional has answered all my questions.

I also consent to the use of the following anesthetic: _____

I acknowledge that I have been informed of the nature and possible risks or side effects of this anesthetic.

User's signature: _____ Date: yyyy/mm/dd

Healthcare professional's signature: _____ Date: yyyy/mm/dd

☐ REMOVAL

I understand that removal of the contraceptive implant may cause the following serious complications, which are very rare (1 to 5% of removals):

1. A difficult removal.
2. A localized infection: which can have a systemic effect.
3. Nerve lesion: caused by damage to a nerve in the arm.

There may also be side effects such as bruising, slight bleeding and pain at the removal site.

I understand that persons with a body mass index (BMI) of less than 25 kg/m2 are at higher risk of deep insertion of the ENG implant and, consequently, of serious complications during its removal.

I also understand that only a healthcare professional trained and authorized to remove the contraceptive implant may do so.

I have been informed of the usual instructions to follow after removal of the contraceptive implant, and my healthcare professional has answered all my questions.

I also consent to the use of the following anesthetic: _____

I acknowledge that I have been informed of the nature and possible risks or side effects of this anesthetic.

User's signature: _____ Date: yyyy/mm/dd

Healthcare professional's signature: _____ Date: yyyy/mm/dd