

ASSESSMENT FOR INTRAUTERINE CONTRACEPTION
INSERTION



Intra Uterine Contraception (IUC) is very safe and very effective contraception. The 52mg LNG-IUD (Mirena/Levosert/Benilexa) also reduces heavy menstrual blood flow and can be used as a component of HRT (hormone replacement therapy).

In order that we offer the best and safest service and to ensure our appointments are used optimally, please fill in the questionnaire below. **Email completed form to: mtw-tr.coilassessmentdoc@nhs.net**

Once you have returned the form, one of our staff will be in touch within 14 days to book your IUC insertion appointment. Please contact us via the email above if you don't hear anything within 14 days of submitting your form.

Full Name: _____ DOB: _____ Age: _____
Phone number: _____ (mobile) _____ (landline)
Email address: _____

Please check carefully that these details are correct

It is really important that you are not pregnant at the time of IUC fitting.

Have you used IUC before? No Yes

If answer "Yes": What was the name of your coil? _____

How long ago was it removed? _____

What sort of coil would you like fitted: Copper Hormonal Unsure

What date was the first day of your last period? _____

Was this a normal period for you, at the expected time?

No Yes

What is your current contraceptive method?

pills patch vaginal ring Injection Implant Condoms Other: _____
(Please specify)

Have you taken EMERGENCY CONTRACEPTION in the last 3 weeks?

No Yes

If required, please continue using your contraception reliably until your IUC is fitted

For your safety, we must ask some sensitive questions to assess the risks of sexually transmitted infections:

How long have you been together with your current sexual partner?

Have you had a new sexual partner in the last 12 months?

No Yes

Have you had more than one sexual partner in the last 12 months?

No Yes

Does your sexual partner have other sexual partners?

No Yes

Have you ever had any sexually transmitted infections?

No Yes

Have you been in contact with anyone who has had a sexually transmitted infection (STI)?

No Yes

Have you had any new vaginal discharge?

No Yes

*If the answers to any of the infection questions are **YES**, please visit the website SH.UK and register to receive an STI screening kit.*

You can then do the STI screen in the comfort of your own home and once complete please post as per the instructions. The results will be sent as a text to your mobile phone.

Are you experiencing abnormal vaginal bleeding? By that we mean bleeding between periods, bleeding after sex or new and un-investigated bleeding that is heavier or irregular?

No Yes

Have you ever been diagnosed with fibroids or had any surgery to your womb?

No Yes

Has anyone ever tried to fit or remove a coil for you and failed or found it very difficult?

No Yes

Do you have children?

No Yes

If the answer to the last question is yes, how old are they and were any born by Caesarean Section?

Have you had a Termination of Pregnancy (abortion) in the last 3 weeks?

No Yes

Are you up to date with your cervical screening?

No Yes

Have you ever had an abnormal smear? *If yes, please give details of when this was and any treatment received...*

No Yes

Do you have any other medical conditions? *Please give details...*

No Yes

Do you take any medication? *Please give details...*

No Yes

Are you allergic to anything? *Please give details...*

No Yes

Is there any other information you would like to tell us that you think might be important or helpful?

e.g. did you faint or feel faint at your last coil fit; was a General Anaesthetic required; any specific pain relief requests; is it for HRT or non-contraceptive use...?

Although we cannot guarantee a time to call you back, which would be your preferred time slot?

Morning

Afternoon

Evening (before 6:30)

We will try to call you on two occasions – the number will be displayed as withheld.

If we are unable to contact you by phone, we will send an SMS or leave a voice message inviting you to call in to make an appointment. If you **do not** want us to leave a voice message or send an SMS, please check the box.

You can access a helpful video on coil fitting via the following link: <https://vimeo.com/36869451>

Link to patient information leaflet on copper coil:

<https://www.contraceptionchoices.org/contraceptive-method/copper-coil-iud>

Link to patient information leaflet on hormonal coil:

<https://www.contraceptionchoices.org/contraceptive-method/hormonal-coil-ius>

- Please be prepared to provide a urine specimen on the day, prior to your procedure.
- We can fit a coil if you are having your period on the day of the appointment.
- Please ensure you have eaten and been drinking normally prior to the appointment.
- You may wish to take some painkillers 1 hour prior to your appointment.
- It is advisable to bring a sanitary towel or pantyliner to your appt in case of any bleeding afterwards.
- You can change your mind about which coil you decide to have fitted on the day.
- Please do not bring any children to the appointment

If there is any risk of pregnancy, it will not be possible to fit the IUC. So, please either abstain from sex or use a reliable method of contraception correctly for at least **21 days** prior to the procedure (reliable methods of contraception do **not** include withdrawal or fertility awareness methods/Apps).