IUD/IUS INSERTION: PATIENT

HISTORY

How old are you? _____ years

Have you ever been pregnant? □ Yes □ No

How many children do you have, if any? _____ N/A

How many miscarriages have you had, if any? _____ N/A

How many abortions have you had, if any? _____ N/A

How many ectopic pregnancies have you had, if any? _____ N/A

Have you ever had a C-section? □ Yes □ No

What was the date of your last period (first day)? ____________ (yy/mm/dd)

Was it a normal period for you? □ Yes □ No

How long is your menstrual cycle in general? (Count from the first day of period to the first day of next period) ________ days

For a post-partum insertion, what was the date of your delivery? □ Yes □ No

For a post-partum insertion, are you breastfeeding? □ Yes □ No

Did you have sexual intercourse since your last period? □ Yes □ No

Are you consistently (each and every time) using condoms? Or an effective method of birth control (e.g. pills) since your last period or during the last month? □ Yes □ No

What was the date of your last sexual intercourse? ____________ (yy/mm/dd)

If you already use an intrauterine device, what kind is it? □ Mirena® □ Kyleena® □ Jaydess ® □ Copper □ Other □ N/A

For how many years has your old IUD been in place? ____________

What contraceptive method are you currently using, if anything? ____________
Have you had an infection of the uterus or the tubes in the last 3 months? (Vaginitis does not exclude insertion)  ☐ Yes ☐ No

Have you had vaginal bleeding between your periods or short menstrual cycle (less than 21 days between periods) during the last year?  ☐ Yes ☐ No

Did a physician ever tell you that you have cervical cancer?  ☐ Yes ☐ No

Have you ever had treatment for a precancerous cervical lesion?  ☐ Yes ☐ No

Did a physician ever tell you that you had endometrial cancer? (cancer of the inside of the uterus)  ☐ Yes ☐ No

To your knowledge, is your uterus of normal shape?  ☐ Yes ☐ No

Did a physician tell you that you have or had fibroids?  ☐ Yes ☐ No

Have you ever had a sexually transmitted disease (STD)?  ☐ Yes ☐ No If yes, which infection and the year: ____________________________

Have you received treatment for this STD?  ☐ Yes ☐ No

When was the last STD treatment you received? ____________ (Year)

Have you been screened for Chlamydia & Gonorrhoea during the last 2 months?  ☐ Yes ☐ No

How many sexual partners have you had during the last 2 months? ______________

Do you take medications on a regular basis? If so, which ones?  ☐ Yes ☐ No

Do you have allergies to medications or to copper? If so, please list  ☐ Yes ☐ No

Do you need a hormonal IUS for another purpose than contraception?  ☐ Yes ☐ No

We thank you for answering to this questionnaire. Please note that you will have to see again your clinician in 6-12 weeks in order to verify that the IUD/IUS is in the right position within the uterus. The risk of expulsion of an IUD or IUS is more frequent during the month following insertion. So, we suggest that you use condom at each sexual intercourse until the next visit. This will ensure that you are well protected against unplanned pregnancy.

Your Signature: ____________________________ Date: ________________

Clinician’s Signature: ____________________________ Date: ________________
IUD/IUS INSERTION: PROVIDER REPORT

CHECKLIST:

Patient Not Pregnant by History: □ Yes □ No
Pregnancy test done today: □ Positive □ Negative □ not done today
Consent form signed: □ Yes □ No

GYNECOLOGICAL EXAMINATION: Vulva (S/S of STI):

Vagina: ______________________________________________________________

Cervix (Pap, Swabs if done): ____________________________________________

Bimanual exam: Uterus (Anteverted/Retroverted, Masses): ______________________

Adnexa (masses): _______________________________________________________

REMOVAL of IUD/IUS: □ Yes □ No

Type of IUD/IUS removed: □ Mirena® □ Kyleena® □ Jaydess® □ Copper, specify
□ Other ___________________________________________

INSERTION Cleansing of cervix: □ Yes □ No Details: _________________________

Anesthesia of cervix: □ Yes □ No
Details: Xylocaine 1%: dose: _____ml Location: _____________________________

Uterine Cavity on Sounding: ______ cm

Type of inserted IUD/IUS: □ Mirena® □ Kyleena® □ Jaydess® □ Copper, specify
_________________________________________ □ Other _______________________

Lot: __________________ Expiration date for insertion: ____ / ____ / ____ (yy/mm/dd)

Threads cut at: ________ cm from the external os

Tolerated by patient: □ Well □ Mild-Moderate □ Vasovagal

Adverse events: □ Yes □ No Details: _________________________________________
DIAGNOSIS:
Removal of IUD/IUS □ Yes □ No

Insertion of IUD/IUS □ Yes □ No

MANAGEMENT:
Screening of Chlamydia/Gonorrhea □ done today □ not done □ in the chart

Ultrasound (if difficult insertion) □ Yes □ No

Follow up visit in 4-6 weeks, PRN. □ Yes □ No

Use of condom at each sexual intercourse before next visit □ Yes □ No

Analgesia □ Tylenol 250-500 PO x 1 □ Ibuprofen 200-400 PO x 1

Comments: ________________________________________________________________
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Date: _____ / _____ / ______     Signature: __________________________
( yy/mm/dd )
RECOMMENDATIONS FOLLOWING THE INSERTION OF AN IUD OR IUS

You have just had an IUD or IUS inserted. It is preferable that you remain in the waiting room for 15 minutes following the insertion. It is normal to feel cramps in your lower abdomen after the insertion of an IUD or IUS. These symptoms should gradually decline in the coming days.

For relief: - Take a non-steroidal anti-inflammatory drug like Ibuprofen, 1-2 tablets every 4 to 6 hours. - If you cannot use ibuprofen or aspirin, take Acetaminophen, 1 to 2 tablets every 4 to 6 hours.

NOTHING IN THE VAGINA FOR THE FIRST 24 HOURS FOLLOWING THE INSERTION:
No tampons, menstrual cup, vaginal creams or ovules, fingers, penis… NOTHING.

CONTINUE WITH YOUR PREVIOUS CONTRACEPTION METHOD FOR 7 DAYS AFTER THE INSERTION OF THE IUD. Condoms should be used until the follow-up visit.

A FOLLOW-UP VISIT IS RECOMMENDED IN 6-12 WEEKS. A pelvic exam will be done to ensure that the IUD or IUS is in place and that all is well.

LOSS OF THE IUD: You may lose the IUD or IUS. This may occur during the first weeks after its insertion. The loss of an IUD or IUS may not be felt or: - you could have abnormal cramps in the lower abdomen - you might feel a tiny hard end (the bottom of the IUD or IUS) in your cervix. Should this happen, make an appointment at the clinic and use a condom each time you have intercourse until you are examined.

INFECTION: Infection is rare, but it must be treated immediately. If you have the following symptoms: - Pain in the lower abdomen that seems to be worsening - New pain in the lower abdomen during intercourse - Abnormal or offensive vaginal discharge - Fever

Consult the Planned Parenthood Regina Clinic at 306-522-0902 or emergency as soon as possible.

Don’t forget to protect yourself from sexually transmitted infections (STIs). An IUD or IUS is an efficient and safe method of contraception but does not protect you from STIs.

For more information, consult the following Web site: http://www.sexualityandu.ca – Birth Control and Games and Apps sections