



DICLOSURE AND CONSENT

IUDs

You have opted for a copper or hormone IUD.

The copper IUD is a hormone-free method of long-term contraception for up to 5 years. If you are allergic to copper, you should opt for a hormonal IUD.

With a hormonal IUD, the effect is localized via a corpus luteum hormone released in the uterus. With a hormonal IUD, bleeding can also stop completely.

The Perl Index (safety of a contraceptive method) is around 0.7. That is 7 pregnancies per 10,000 cycles, which is very low.

In principle, the IUD can be inserted at any time. However, if there is bleeding/menstruation, the cervical canal is slightly open, making insertion easier and less painful. In addition, the probability of a recent pregnancy is also the lowest. You will receive prophylactic pain therapy (taking a painkiller) approx. 30 to 60 minutes before the procedure.

It is very rare to experience temporary dizziness or brief fainting spells when an IUD is inserted.

In exceedingly rare cases, the uterine wall may be damaged when an IUD is inserted. Inadequately treated inflammation in the fallopian tubes (ovarian inflammation) can lead to permanent sterility (infertility). However, this can also happen independently of wearing an IUD.

In the first few days after the insertion of any type of IUD, you may experience light bleeding. In addition, the first menstrual bleeding may be heavier than usual. However, this normalizes after some time (approx. 6 - 24 months).

Sometimes an IUD can break, slip out of place or be expelled. You should therefore have the correct position of your IUD checked at regular intervals.

An interval of 6 months is recommended - once a year is in any case, so that you can be sure that the IUD is inserted correctly and that you have regular contraceptive protection.

If the IUD slips or expulses in the first year of wear, a replacement IUD will be inserted free of charge, thereafter at half price. Costs cannot be reimbursed.

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I was fully informed about the effects and side effects of the IUD, in particular (about complications in smokers and thrombophilia, APC resistance in hormone IUDs); in particular also about the Supreme Court ruling in which the rare possibility of the IUD moving into the abdominal cavity with subsequent complications was reported.

I was also informed that this, like other methods, does not provide absolute contraceptive protection and that pregnancy can occur in exceedingly rare cases.

I was given the enclosed information leaflet / package insert for the IUD as well as the batch number / production number and the US images.

Furthermore, I was informed that if side effects or more serious symptoms occur, I can visit a medical facility (e.g. a hospital or doctor's office) at any time.

A routine check must be conducted every 6 months, at least once a year.

The comprehensive explanation was understood, and open points and questions were answered.

Date

Signature and patient's name (IN CAPITAL LETTERS)

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