Informed Consent to Nexplanon Removal Procedure (page 1 of 2)

Patient Name: _____________________________________   Today’s Date: ___/___/___

Please initial your understanding and agreement with the following:

Patient/Parent (if applicable)

_____/____ I understand the details of the procedure, including the anticipated benefits and material risks, that have been explained to me.

_____/____ I am not allergic to iodine or anesthetics.

_____/____ I have asked to have the contraceptive rod (Nexplanon) taken out of my arm.

_____/____ I am aware that when the implant is taken out, its contraceptive effects will not continue, so if I don’t want to get pregnant after Nexplanon is taken out, I can have a new implant put in or choose a different method of birth control today.

_____/____ I choose to start using ________________________ for birth control OR

_____/____ I do NOT choose to start using birth control.

_____/____ I understand that it takes up to 30 minutes to take out Nexplanon, or longer if there are difficulties. First, the skin over the implant will be cleaned and numbed. Next, a small cut will be made close to the tip of the implant so that it can be removed. I am aware that I might feel some discomfort during this procedure. Once the rod is removed, I may experience light bleeding, bruising or soreness at the incision site for several days.

_____/____ I am aware of the possible problems that might occur when taking out Nexplanon such as:

- an allergic reaction to the anesthetic
- pain, irritation, swelling or bruising where the implant was removed
- infection
- the implant could break
- a second cut could be needed to take out the implant
- a second visit could be needed to take out the implant
- need for a special procedure such as outpatient or hospital surgery to remove the implant (the cost is the patient responsibility)
- difficult removals may cause pain or scarring

_____/____ I understand that if the Nexplanon rod cannot be found, its effects may continue.

_____/____ I understand and accept that there are complications with any procedure, including the remote risk of death or serious disability.

_____/____ I have informed the doctor of all my known allergies.

_____/____ I have informed the doctor of all my medications I am currently taking including prescriptions, over-the-counter remedies, herbal therapies, aspirin and any other recreational drug or alcohol use.

_____/____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____/____ The doctor has answered all my questions regarding this procedure.

_____/____ If I experience bleeding, redness or pus from the incision site I will notify the clinic.

I certify that I have read and understand this treatment agreement and that all blanks were filled prior to my signature. I have had an opportunity to ask questions and discuss my concerns.

I authorize and direct the provider __________________________, with associates or assistants of her choice, to perform the Nexplanon removal procedure on patient name: __________________________ at Girls to Women Health and Wellness on the right / left inner upper arm.

I further authorize the provider and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient Signature_______________________________________  Date ___/____/____ at ___:

Parent/Guardian Signature________________________________  Date ___/____/____ at ___:
Patient Name: ________________________________

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the Nexplanon removal procedure and the risks and consequences of not proceeding, to the patient and the patient’s legal representative (if applicable). I have answered all the questions fully, and I believe that the patient and the patient’s legal representative (if applicable) fully understand what I have explained.

Provider Signature__________________________ Date __/__/____ at __:__
Nexplanon Post-Removal Information

The first 24 hours
- You may have mild pain at the insertion site. The lidocaine (numbing medicine) lasts about 1-2 hours.
- Take 650-1000 mg of Tylenol (acetaminophen) every 4-6 hours as needed for pain, with a maximum of 2400mg per 24-hour period.
- You can expect minimal bleeding, bruising or redness at the insertion site (similar to a blood draw).
- Keep the large gauze bandage on for 24-48 hours and keep it dry to avoid infection.
- Keep the little bandage strips on for 3 days. Keep the site dry.

Contraception
Risk for pregnancy begins immediately after removal if no other hormonal medication is taken (even if your periods are irregular).
Your choice for contraception is ___________________.

Your menstrual cycle
You may revert to your normal cycle in 2-3 months.
Spotting and change in your cycle pattern is normal as well.

Call your physician (972-733-6565) if there are concerns or issues
- Pain lasts more than 24 hours or is severe.
- You have signs of infection at the removal site such as pus or drainage, spreading redness, or excessive bleeding.
- You have any other signs of infection such as fever, vomiting or diarrhea.