



Ballina Medical Centre

Ballina Primary Care Centre,
Kevin Barry Street, Ballina, Co. Mayo, Ireland.
F26 P6P1

Ph: 096-80600 Fax: 096-22872

Email: admin@ballinamedicalcentre.ie

Dr Michael Moffatt, IMCRN 07028

MB BCh BAO DCH DRCOG MICGP

Dr Maura Irwin IMCRN 11231

MB BCh BAO DCH DOBs

Dr Sean Moffatt IMCRN 22646

MB BCh BAO DOWH DME DCH MICGP

DSEM MScSEM Dip SEM LFOM

Consent to have Implanon / Subdermal Implant Removal/Insertion

I _____ consent to have Procedure Name: **Subdermal Implant Insertion/Removal** by
Dr Maura Irwin

I have been warned of the risk of possible:

- Bruising, discomfort, infection
- Difficulty removing, need for ultrasound and surgical removal if necessary
- Scarring
- Need to palpate subdermal implant after insertion by GP and patient.
- Progesterone side effects
- Bloating and weight gain

I confirm that the risks and side effects of the procedure and the device have been explained to me.

I understand there is a risk of scarring or keloid scar formation.

I understand that removal of the device will involve a surgical procedure that may involve suturing and may cause a scar. Should there be a need for suturing, I understand the need to have a follow- up visit for suture removal which patient should be booked at reception on the day of the implant insertion.

I agree to the procedure; Subdermal Implant Insertion.

Signed _____ Date _____

ADDRESSOGRAPH

Implanon

Date of insertion:

Batch no:

Date due for removal: