



CONSENT FOR INTRAUTERINE INSEMINATION

Purpose:

Intrauterine insemination (IUI) is done as treatment for infertility to increase the number of sperm which could potentially contact the oocyte(s) (egg or eggs) and possibly result in fertilization (conception).

Technique:

A speculum will be used to visualize your cervix. A flexible plastic catheter is inserted past your cervix into your uterus where a small volume (usually approximately 0.5 cc or one tenth of a teaspoon) of washed sperm are gently injected. In general, the procedure should be finished in a relatively short period of time unless difficulty is encountered in passing the catheter. Sometimes, a sterile instrument is used to stabilize the cervix or to dilate it slightly to enable insertion of the catheter. During the procedure, you may experience cramps similar to those in a menstrual period.

Potential Risks:

The potential risks in having this procedure include but are not limited to: 1) pelvic infection, possibly requiring hospitalization; 2) slight vaginal bleeding after the procedure; 3) extremely rare chance of puncture of the uterus; and 4) chance that pregnancy may or may not result. The cervix is generally not cleansed with an antiseptic prior to the procedure, as antiseptics are potentially toxic to sperm, eggs and embryos. Vaginal bleeding after the procedure is generally very light. The catheter is designed to minimize the risk of uterine puncture and is made of soft plastic.

Consent:

I, the undersigned, understand the above explanation and accept the risks associated with undergoing intrauterine insemination.

Patient Name (please print): _____ Date: _____

Patient Signature: _____

Witness Name (please print): _____ Date: _____

Witness Signature: _____

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