

RANDY S. MORRIS M.D.
BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
AND INFERTILITY

PROCEDURES CONSENT

INTRAUTERINE INSEMINATION (IUI, artificial insemination)

Intrauterine insemination is the placement of specially prepared sperm directly into the uterine cavity for the purpose of enhancing fertility. Insemination uses a specially designed catheter to bypass the cervix and enter the uterine cavity.

Risks

Infection: Bacteria or viruses present in the semen may be transmitted to the woman through insemination. Bacteria normally present in the vagina may be moved into the uterus and cause an infection in the uterus, fallopian tubes or ovaries. The estimated risk of infection is 1.8 per 1000 women. Treatment of infections could require the use of oral or intravenous antibiotics.

Prostaglandin reaction: Human semen contains a group of molecules called prostaglandins. Preparing the sperm removes most of the prostaglandins from the sample. However, some women may be more sensitive to small amounts of prostaglandins. When placed in the uterus, prostaglandins can cause severe cramping, nausea, vomiting, diarrhea and fever.

Receiving the wrong sperm: There are reported cases in which women undergoing insemination have received the wrong sperm specimen.

Allergic reactions: Severe allergic reactions occur very rarely. They may be caused by materials used in the preparation of the sperm sample or from material in the semen itself.

Trauma: Occasionally during an insemination, instruments may be used to aid with the insertion of the catheter. Grasping instruments or dilators can damage the cervix or uterus and result in pain, bleeding, or additional treatment.

Side effects

- Discomfort from speculum use
- Discomfort from manipulation of the uterus to achieve catheter placement
- Uterine or cervical bleeding

I understand that use of insemination may not be successful in producing a pregnancy. A pregnancy that does occur may not result in the birth of a live born infant.

I acknowledge that I have read the above consent in its entirety and have had any questions answered completely and to my satisfaction.

I understand the risks, consequences, and potential benefits of insemination.

My signature below indicates my consent to undergo intrauterine insemination and that I am exercising independent judgement as to the use of such procedures. I understand that I may withdraw my consent at any time.

Date

Signature of Patient

Patient Name-Printed

Date

Signature of Witness

Witness Name-Printed