



## Contraceptive methods that don't depend on you remembering to take or use them.

	40mm				
	Contraceptive implant	Intrauterine device (IUD)	Intrauterine system (IUS)	Contraceptive injection	Sterilisation
What is it?	A small, flexible rod put under the skin of the upper arm releases progestogen.	A small plastic and copper device is put into the uterus (womb).	A small, T-shaped, progestogen-releasing, plastic device is put into the uterus (womb).	An injection of progestogen.	The fallopian tubes in women or the tubes carrying sperm in men (vas deferens) are cut, sealed or blocked.
Effectiveness	Perfect use: over 99%. Typical use: over 99%.	Perfect use: over 99%. Typical use: over 99%.	Perfect use: over 99%. Typical use: over 99%.	Perfect use: over 99%. Typical use: around 94%.	Overall failure rate is about 1 in 200 for females and 1 in 2,000 for males.
Advantage	Works for 3 years but can be taken out sooner.	Works for 5 or 10 years depending on type but can be taken out sooner.	Works for 3, 4 or 5 years but can be taken out sooner. Periods often become lighter, shorter and less painful.	Works for 8 or 13 weeks – you don't have to think about contraception during this time.	Sterilisation is permanent with no long or short-term serious side effects.
Disadvantage	It requires a small procedure to fit and remove it.	Periods may be heavier, longer or more painful.	Irregular bleeding or spotting is common in the first 6 months.	Can't be removed from the body so side effects may continue while it works and for some time afterwards.	Shouldn't be chosen if in any doubt about having children in the future.

# Contraceptive methods that you have to use and think about regularly or each time you have sex.

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	Contraceptive patch	Contraceptive vaginal ring	Combined pill (COC)	Progestogen-only pill (POP)	External condom	Internal condom	Diaphragm/cap with spermicide	Fertility awareness methods
What is it?	A small patch stuck to the skin releases estrogen and progestogen.	A small, flexible, plastic ring put into the vagina releases estrogen and progestogen.	A pill containing estrogen and progestogen, taken orally.	A pill containing progestogen, taken orally.	A very thin latex (rubber) polyurethane (plastic) or synthetic sheath, put over the erect penis.	Soft, thin polyurethane sheath that loosely lines the vagina and covers the area just outside.	A flexible latex (rubber) or silicone device, used with spermicide, is put into the vagina to cover the cervix.	Fertile and infertile times of the menstrual cycle are identified by noting different fertility indicators.
	PERF	ECT USE MEANS USIN	G THE METHOD CORRI	ECTLY EVERY TIME. TY	PICAL USE IS WHEN YO	DU DON'T ALWAYS US	E THE METHOD CORRE	CTLY.
Effectiveness	Perfect use: over 99%. Typical use: around 91%.	Perfect use: over 99%. Typical use: around 91%.	Perfect use: over 99%. Typical use: around 91%.	Perfect use: over 99%. Typical use: around 91%.	Perfect use: 98%. Typical use: around 82%.	Perfect use: 95%. Typical use: around 79%.	Perfect use: 92–96%. Typical use: 71–88%.	Perfect use: up to 99%. Typical use: around 76%.
Advantage	Can make bleeds regular, lighter and less painful.	One ring stays in for 3 weeks – you don't have to think about contraception every day.	Often reduces bleeding and period pain, and may help with premenstrual symptoms.	Can be used if you smoke and are over 35.			Can be put in any time before sex.	No physical side effects, and can be used to plan as well as prevent pregnancy.
Disadvantage	May be seen and can cause skin irritation.	You must be comfortable with inserting and removing it.	Missing pills, vomiting or severe diarrhoea can make it less effective.	Late pills, vomiting or severe diarrhoea can make it less effective.	May slip off or split if not used correctly or if wrong size or shape.	Not as widely available as male condoms.	You need to use the right size. If you have sex again extra spermicide is needed.	Need to avoid sex or use a condom at fertile times of the cycle.



#### **ISOTRETINOIN**

#### Declaration for female patients opting not to follow the Pregnancy Prevention Plan

- I have received the information about the risks of having an affected baby if I should become pregnant whilst taking isotretinoin.
- I am aware that this risk to a pregnancy persists throughout the duration of the treatment with isotretinoin and during the month after finishing treatment.
- I believe that I am not pregnant at this moment.
- I believe that I am not at risk of becoming pregnant during the course of treatment with isotretinoin or in the month following treatment.
- I am prepared to take isotretinoin without taking/using contraception at the same time

Signed:	Date:
Print Name:	
Witnessed:	
Designation of Witness:	

### **Suggested laser/scarring services:**

#### www.thelondonskinandhairclinic.co.uk

• Holborn

#### www.londondermatologyunit.co.uk

• Hospital of St John & Elizabeth, St Johns Wood

#### www.skinlaserclinic.co.uk

• Royal Free Hospital private laser clinic

### https://drfirasalniaimi.co.uk

• Acne scarring only, Harley Street

# https://www.hcahealthcare.co.uk/our-services/specialties/dermatology

• The Lister and London Bridge hospitals