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ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

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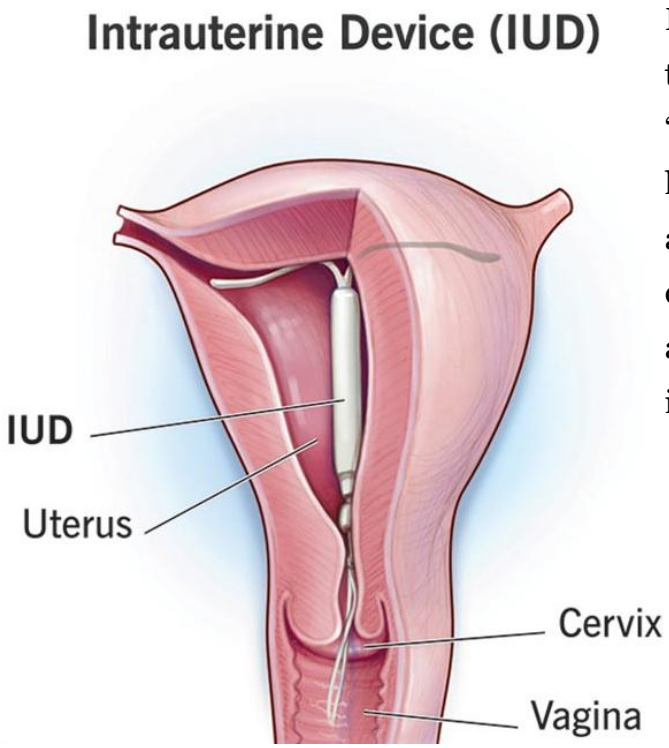
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Intra-uterine device (IUD) insertion: patient information

What are intra-uterine devices (IUDs)?

Intra-uterine devices are small, plastic T-shaped devices that are inserted through the cervix, and sit inside the uterine cavity.



Broadly speaking, there are two kinds of IUDs: those that contain progesterone hormone (eg. 'Mirena') and those that do not contain any hormones (eg. 'Copper IUD'). Both progesterone and Copper IUDs are very reliable forms of contraception. Depending on the type of IUD, your age, and the reason you are having an IUD inserted, it can stay in for between 5 – 10 years.

Why may my doctor suggest an IUD?

Both progesterone and Copper IUDs are very reliable forms of contraception. Progesterone IUDs (eg. 'Mirena') also help to lighten periods, while Coppers IUDs tend to make periods heavier.

Progesterone IUDs can also be used to treat a pre-cancerous condition called 'endometrial hyperplasia', and in the setting of menopausal hormone therapy (which used to be called 'hormone replacement therapy', or HRT).

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How do IUDs prevent pregnancy?

Although IUDs have been used to prevent pregnancy for over 30 years, exactly how they work remains a matter of some debate! It is thought that they: impair sperm movement and survival; and change the lining of the uterus so that embryos can't implant or grow.

IUDs are thought to be approximately 99.8% effective at preventing unwanted pregnancies.

Are there situations in which an IUD is *not* advised?

There are some situations in which an IUD may not be the best option for you, or your doctor may need to provide some additional advice. If any of the below apply to you, please let your doctor know:

- A history of a sexually transmitted infection (STI), such as chlamydia
- Smelly vaginal discharge currently
- You have congenital heart or valve disease
- You have fibroids or other conditions (eg. a bicornuate uterus) that change the internal shape of your uterus
- You have previously had problems with IUDs (eg. it has been expelled)
- A history of breast cancer (for progesterone IUDs; Copper IUDs are safe)
- Severe liver disease

A Copper IUD may not be the best option for you if you have:

- Heavy periods (as they will probably get heavier)
- Low iron levels
- Endometriosis

When should my IUD be inserted?

The best time to have your IUD inserted is either during your period, or in the seven days following the end of our period.

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What do I need to do to prepare for my IUD insertion?

It's important that you're not pregnant when your IUD is inserted. If you have penis-in-vagina sex between your most recent period and having your IUD inserted, please use effective contraception (eg. a condom). If you have had penis-in-vagina sex without using contraception, your doctor may ask you to do a urine pregnancy test prior to having your IUD inserted.

Feel free to bring a support person with you to your appointment. You may want someone to drive you home afterwards.

How are IUDs inserted?

Your IUD can either be inserted while you are awake (in the clinic rooms), or while you are asleep (under a general anaesthetic, which involves a day procedure in the hospital operating rooms).

You will be asked to remove your clothes from the bottom half of your body, and to position yourself for a speculum examination (similar to when a cervical screening test, or 'Pap smear' is taken). A speculum will be placed inside your vagina, so your doctor can visualise your cervix.

<u>What pain relief options are available?</u>

If you are having your IUD inserted under general anaesthetic, you will be asleep at the time, and won't feel or remember anything.

If you are having your IUD inserted while you are awake (in the clinic rooms), pain relief options include any or all of the following:

- Taking some paracetamol and anti-inflammatories (eg. 'Nurofen') an hour prior to your appointment
- Your clinician spraying your cervix with a local anaesthetic spray
- The use of a 'penthrox' green whistle while your IUD is inserted

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And then what happens?

Your doctor may need to grasp the top of your cervix with a grasper, to stabilise the cervix. The IUD will then be slowly inserted through your cervix, up into your uterus. Once in the uterus, the IUD's 'arms' open up, so that the T-shaped IUD stays in your uterus. Two small strings (attached to your IUD) dangle down into your vagina. Your doctor will trim these strings, so they only dangle 1 – 2cm from your cervix down into your vagina.

What happens if my doctor can't insert my IUD in the clinic?

There are several factors that make it slightly harder to insert an IUD in the clinic, such as:

- Never having been pregnant
- Only ever having had Caesarean births previously (ie. no vaginal births)
- A uterus that naturally flops backwards (or is 'retroverted')

If you find having an IUD inserted in the clinic too uncomfortable, you always have the option of coming back at a later date, to have it inserted in the hospital's operating theatre under a general anaesthetic.

Can I drive home from my appointment?

If you used the 'penthrox' (green whistle), it's important that you stay in the clinic for observation for 45 minutes after you last used it. This is because 'penthrox' can temporarily impair your judgement.

For patients who didn't use 'penthrox': as long as you're not feeling dizzy or faint, and don't have significant bleeding or pain, you will probably feel up to driving yourself home.

What can I expect after my IUD insertion?

You may experience some pelvic cramps and light vaginal bleeding after you have an IUD inserted. It can help to take simple pain relief, like paracetamol and ibuprofen. Those pelvic cramps should improve over the next few days.

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Vaginal spotting may last for up to a week after IUD insertion. It is normal for such bleeding to be heavier than your usual period, and it may stop and start. Use sanitary pads rather than tampons until your next period, to reduce the risk of infection.

If your pain gets worse and / or your bleeding heavier day-by-day, please contact Maven Centre and ask to be reviewed. If you are really concerned outside business hours, please attend your local Emergency Department.

How can I look after myself after having an IUD inserted?

You should be able to return to light activities the day after your IUD insertion, and all of your usual activities (including strenuous activities, such as going to the gym) within two days of insertion.

If you work a desk-based job, you'll probably feel up to going to work the day after your IUD insertion.

To reduce the risk of infection after your IUD insertion, please don't have penetrative sex for one week after your procedure.

Use sanitary pads (rather than tampons or a menstrual cup) up until your next period. This helps to reduce the risk of infection. You can start to use tampons again during your next period, if you want to. Don't use menstrual cups until three months after your IUD insertion, as there is a very small theoretical risk that removing a menstrual cup may suck your IUD out altogether.

To reduce the risk of infection, don't go swimming or have a bath for a week after your IUD insertion. You can shower the day after your IUD insertion.

When to seek medical advice

Please contact your Maven Centre clinician if you notice any of the following:

- Persistent vaginal bleeding that is bright red and / or getting heavier each day
- Passing large blood clots (eg. the size of a fifty cent piece or larger)
- Unusual, significant pain in your abdomen, pelvis or lower back
- A temperature ≥ 38°C

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- An abnormally-smelly vaginal discharge
- Worsening nausea and / or vomiting
- New onset of pain during penetrative sex, for either partner
- The strings feel much longer or much shorter than they normally do to you. This may mean that your IUD has shifted.

If you think it is an emergency, and it can't wait until you can see your GP or Maven Centre clinician, please attend your local Emergency Department.

Frequently asked questions (FAQS)

Will my partner be able to feel the strings from my IUD?

The strings are very rarely able to be felt during penetrative sex. If your partner can feel it, and it is hurting them, please return to see your doctor: they can perform a speculum examination, and trim the strings a little bit shorter.

How is my IUD removed?

To have your IUD removed, you can see your GP or gynaecologist. They will ask to perform a speculum examination, then will use a grasper to grasp the IUD's strings (which are dangling down from the cervix). A firm tug, and the IUD can be removed.

So, even if you had your IUD inserted under a general anaesthetic (GA), a GA is generally not required to remove it down the track.

You should be able to feel the strings if you feel up inside your vagina with two fingers.

When does my fertility return, after having my IUD removed?

Your fertility will return within six weeks of your IUD being removed.

This pamphlet is a general overview of IUD insertion, and may not apply to everyone.

If you have any further questions, please speak to your gynaecologist.