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IUD Information

What is an IUD?

The intrauterine device (IUD) is a small, plastic “t-shaped” device placed in the uterus to prevent pregnancy. The IUD offers safe, effective and reversible prevention of pregnancy. Some IUDs can also be used to decrease vaginal bleeding. To ensure it is effective, the IUD must be replaced every 3-10 years depending on the type and why it is being used. Insertion and removal of the IUD is done by a health care professional (such as a doctor).

Are there different types of IUDs and how do they work?

Currently there are two types available in Canada and they work in different ways:

Hormone-containing IUDs: Mirena and Kyleena (*\$400 without medical coverage*)

Copper IUDs: Mona Lisa, Flexi T, Liberte (*\$90 without medical coverage*)

The **copper IUD** releases a small amount of copper into the uterus. The copper wire changes the chemistry in the uterus, provokes a low grade inflammation (no infection) and destroys sperm. The Copper IUD may fail to prevent a pregnancy in 1-1.5% of users. The Copper IUD can cause increased bleeding in some patients.

The **hormonal IUD** releases a small amount of the hormone progesterone into the uterus. It doesn't contain any estrogen. The lining of the uterus becomes thinner, and the cervical mucus becomes thicker which makes it harder for sperm to enter the uterus. Mirena/Kyleena may fail in 0.3-0.7% (same failure rate as vasectomy). The Mirena decreases the amount of bleeding for some patients.

Benefits

The IUD has many advantages over other birth control methods:

- Easy to use - you don't have to remember to use it before sex or to take a daily pill.
- Does not interfere with sexual intercourse or daily activities.
- Vigorous physical activity, such as jogging, dancing or having sex will not dislodge it.
- You are able to use tampons and Diva cups with an IUD in place.
- Once it's in place, you cannot feel it and neither can a partner.
- The Mirena also decreases the amount of bleeding, and some women do not have bleeding at all. This is safe.
- It is a highly effective method of contraception

The IUD is for you if you want the most effective method to prevent a pregnancy, want to delay a pregnancy for at least 1-2 years, and would like to avoid estrogen products (which can increase risk of clotting disorders, high blood pressure, and migraines with aura in some patients).

Choosing your IUD

The Mirena or Kyleena (hormone-containing IUDs) may be a good choice for you if:

- Your periods are normal or on the heavy side, or you want to decrease the amount of bleeding you have with your periods
- You have problems with estrogen containing hormonal methods of contraception such as the birth control pill, Evra patch or Nuva ring
- You are looking for a long-term, reliable method of contraception
- You have had failure with other methods in the past (cannot remember to take the pill)
- You are breastfeeding (it has no effect on breast milk)
- You have completed your family but do not want to have surgery such as a tubal ligation
- You want the most reliable method of reversible birth control (lowest failure)

The copper IUD may be a good choice for you if:

- Your menstrual cycles are light (the copper IUD may increase your bleeding)
- You have problems with estrogen containing hormonal methods of contraception such as the birth control pill, Evra patch or Nuva ring
- You are looking for a long-term, reliable method of contraception
- You have had failure with other methods in the past (cannot remember to take the pill)
- You are breastfeeding (it has no effect on breast milk)
- You have completed your family but do not want to have surgery such as a tubal ligation

For some people, certain conditions can increase the chance of having problems with IUDs.

The IUD may not be the ideal method of birth control for people who have:

- An abnormally shaped uterus
- Current breast cancer

Your doctor may need to do the following before the IUD is inserted:

- Reviewing your medical history to determine any possible risks
- Taking some swabs from the vagina and cervix to check for infection
- A urine or blood pregnancy test (in the clinic or at the local laboratory)
- A pap smear can be done prior to insertion

The IUD can be inserted at any time in your cycle.

Before the day of the IUD insertion

It is a good idea to do the following at least 2-3 days before your IUD insertion appointment:

1. You will be given a prescription for the IUD. Visit your pharmacy to pick up the IUD. DO NOT OPEN your IUD box. It is stored in sterile packaging.
2. Complete any blood or urine tests that you were given to do before your IUD insertion.

Day of the IUD insertion

The IUD insertion is performed in the clinic office.

- Remember to BRING YOUR UNOPENED IUD box to the office.
- To reduce discomfort during the IUD insertion, take **Ibuprofen (Advil, Motrin) 600mg** or **Naproxen (Aleve) 440-500mg** 1 hour before your appointment. If you cannot take these medicines, take medicine you normally take for pain.
- If you consent to a physical exam and insertion of an IUD, you may be asked to remove clothing to allow for the insertion. For comfort, a medical gown or drape will be provided.
- You will be asked to sit on the examination table with your feet placed as for a pelvic exam. A speculum is inserted into the vagina to allow a view of the cervix. The cervix is cleansed.
- The IUD is stored in sterile packaging in a long, slender, plastic tube. The tube is then inserted through the cervix into the uterus. The IUD is then released from the plastic tube into your uterus. The IUD then springs open into place, and the tube is withdrawn. You will feel some cramping. Insertion and release of the IUD typically takes less than 1 minute.
- Each IUD comes with a string or "tail" made of 2 thin plastic threads. These feel like plastic fishing line. After the insertion, the strings are trimmed so that 2-3 cm (1 inch) remain outside the cervix but inside the vagina. You can feel for these strings with your fingers to check that the IUD is in place. Medical professionals remove the IUD by grasping the strings and pulling it out of the cervix.

After the IUD insertion

You will have some cramping for the first 5 minutes after the insertion. As your cramping pain improves you will be able to leave the clinic. Occasional cramps can continue for 1-14 days. Ibuprofen or Naproxen are the best types of pain medication for cramping. If you cannot take these medicines, take medicine you normally use to manage your pain.

We'll ask you to make an appointment 8-10 weeks after the insertion. It is usually a telephone visit. However, IF YOU CANNOT FEEL YOUR STRINGS IT WILL NEED TO BE AN IN PERSON VISIT.

At this appointment we will ask you about the following:

1. How is your spotting/bleeding? Has it improved since insertion?
2. Has your cramping improved?
3. Have you or a partner been able to feel your IUD strings?
4. Have you had intercourse since insertion and have you or a partner had any issues?

Common side effects

Most people have some **bleeding** and **cramping** during the first few months after the IUD is inserted. The bleeding can sometimes be on a daily basis, brown, red or pink. It can be frustrating but this settles in 90% of cases by 3-6 months.

Hormonal side effects: The Mirena lightens period bleeding in most people. Rarely, Mirena IUD users may experience side effects such as mood swings, breast tenderness, and bloating.

Concerns and Risks

- **Expulsion:** The IUD can be expelled out (or pushed out) of the uterus into the cervix (lower part of the uterus), vagina or completely out of the body. If this happens, it is no longer effective. This can happen in about 1 in 20 patients.
- **Perforation:** The IUD can perforate the wall of the uterus during insertion. This is very rare and occurs in only about 1 out of every 1,000 insertions.
- **Pregnancy:** Rarely, pregnancy may occur while using an IUD. If this occurs, it is important to seek medical attention to help with either continuing with the pregnancy or choosing to terminate the pregnancy.
- **Infections:** Infections in the uterus or fallopian tubes can occur after insertion. It is more common in the first 21 days. If treated early, the IUD does not need removal.
- **No protection against STIs:** Although the IUD is effective to prevent pregnancy, it does not protect against STIs (sexually transmitted infections).

TROUBLESHOOTING: When to Call the office or seek medical attention:

How much bleeding is too much?

The first day or two, bleeding can be heavy with small clots due to the insertion procedure. With the hormone IUDs, spotting on and off is normal for a few weeks to up to 6 months. The copper IUD can cause long term increased bleeding and spotting.

How much pain is too much?

Some cramping is normal. Ibuprofen (Advil, Motrin) or Naproxen (Aleve) and a hot pack are best for cramping pain. If you have taken pain medicines and your pain is worsening throughout the day, call the office.

Other reasons to call the office

- Cannot feel the strings with your fingers when you could before
- Feel the "T" part of the IUD in your vagina or in your cervix
- Think you may be pregnant
- Missed, late, or unusually light period using the Copper IUD
- You think you may have been exposed to sexually transmitted infections (STIs)
- Severe cramps, pain, or tenderness in your pelvis or abdomen
- Significant bleeding
- Unexplained fever or chills
- Unexplained vaginal bleeding

If you are not sure, please call the office. If the pain or bleeding is intense and you think that you are pregnant, or if you have pain and a high fever, you need to go to your nearest Emergency Department. IUDs are extremely safe, but rarely infections or pregnancies can occur.