

IUD - The Intrauterine Device - Handout

By Dr. Roberto Leon, MD, FRCSC

The intrauterine device (IUD) is a small, plastic device that is inserted and left inside the uterus to prevent pregnancy. The IUD offers safe, effective and reversible protection against pregnancy. Weighing the benefits and risks of using an IUD against the benefits it provides, will help you decide whether this method of birth control is right for you. The IUD must be replaced every 2.5, 5 or 10 years depending on the type.

Are there different types, and how do the IUDs work?

Currently there are two groups available in Canada: the **hormonal** group (Mirena and Jaydess) and the **copper** group (Nova-T, Flexi T, Liberte, Mona Lisa and SMB). They work in different ways.

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.

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.

Benefits

The IUD has many advantages over other birth control methods:

- Easy to use - you don't have to remember to insert it before sex or to take a pill every day.
- Does not interfere with sexual intercourse or daily activities. Vigorous physical activity, such as jogging or dancing, will not dislodge it.
- Once it's in place, you cannot feel it and neither can your partner.
- It is a highly effective method of contraception:
 - The Nova-T may fail to prevent a pregnancy in 1-1.5% of users
 - Mirena/Jaydess may fail in 0.3-0.7%
- The Mirena also decreases the amount of bleeding, and some women do not have periods at all.

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 (women with clotting disorders, high blood pressure, migraines with aura).

Choosing the IUD

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

- Your menstrual cycles are light or normal
- You have problems with hormonal methods of contraception
- 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 a tubal ligation

The Mirena or Jaydess may be a good choice for you if:

- Your periods are on the heavy side, or you want to avoid or skip your periods
- 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 a tubal ligation
- You want the most reliable method of reversible birth control (lowest failure)

For some women, certain conditions can increase the chance of having problems with the IUD. The IUD may not be the ideal method of birth control for women who have:

- Multiple sexual partners or a high risk for sexually transmitted diseases (STDs)
- Very painful or abnormally heavy periods (for Copper IUD)

Before the insertion

You will need a routine exam to make sure you're able to use an IUD. It could be done the day of the insertion. It will include:

- Reviewing your medical history to determine any possible risks
- Taking some swabs from the vagina and cervix to check for infection
- A pregnancy test in select cases
- If needed, a pap smear can be obtained as well

The IUD insertion can be done anytime if there is no chance of a pregnancy, or at the end of your period.

The day of the procedure

The IUD insertion is performed in the office. To reduce the discomfort during the procedure, we'll ask you to take ibuprofen or naproxen 1-2 hours before the procedure.

- After changing into a gown, you will be asked to lie on your back with your feet placed as for a pelvic exam. A speculum is inserted into the vagina to hold the walls of the vagina apart and allow a view of the cervix. The cervix is cleansed.
- The end of the cervix is sprayed with local anesthesia for pain relief. Freezing is injected into the cervix. Most women don't feel anything during the injection part, but the freezing decreases the pain of the insertion by 70-80%. A clamp is inserted to hold the cervix steady.
- The IUD is placed in a long, slender, plastic tube. The tube is then inserted through the cervix into the uterus. The IUD is then pushed out of the plastic tube. The IUD springs open into place, and the tube is withdrawn. You will feel some cramping.
- Each IUD comes with a string or "tail" made of a thin plastic thread. After the insertion, the tail is trimmed so that 1 inch or so hang outside the cervix but inside the vagina.

After the procedure

You will lie down for a few minutes. Cramping can continue for 1-7 days. Ibuprofen (Motrin, Advil) or Naproxen (Aleve) is the best type of pain medication for the cramping.

We'll ask you to make an appointment to check the strings in my office 6-8 weeks after the insertion. If need be, an ultrasound can be carried out to check the location.

It is important but not mandatory to check the string regularly. To do this, you must insert a finger into your vagina and feel around for the cervix first, and then the strings. You can do this at any time, but doing it right after your menstrual period is easy to remember. If you feel the string is shorter or longer than it used to be - or if you don't feel the string at all - call the office. The IUD may have slipped out of place. Use another form of birth control until your IUD is checked. Otherwise, the strings will be checked while having your annual Pap smear.

Concerns and Risks

Some women have some bleeding and cramping during the first few days or even months after the IUD is inserted. The bleeding can sometimes be on a daily basis, brown, red or pink. It could be frustrating. But it is important to be patient, as it settles down in 90% of cases by 3-6 months.

Pain can sometimes be due to the fact that the IUD is too large, malpositioned (skewed), or it may be related to an ovarian cyst formation. Ultrasound is useful to differentiate and plan a solution to this problem.

Serious complications from use of an IUD are rare. However, some women do have problems. These problems usually happen during, or soon after insertion:

- **Expulsion:** The IUD can be expelled out (or pushed out) of the uterus into the vagina. If this happens, it is no longer effective. The chance is 3%.
- **Perforation:** The IUD can perforate (or pierce) 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 a woman is using an IUD. If the IUD is still in place, there can be risks to the mother and fetus, like miscarriage, infection or ectopic pregnancy. The IUD should be removed as soon as possible.
- **Infections:** Infections in the uterus or fallopian tubes can occur after insertion. It is more common in the first 21 days. It is usually due to Chlamydial infection. If treated early, the IUD does not need removal.
- **Mirena users** may experience side effects associated with progesterone, such as mood swings, breast tenderness, and bloating. However, their periods become lighter, and may not be present at all in 40-50% of women.
- Although the IUD is an effective protection against pregnancy, it does not protect against STDs. If you and your partner are not in a relationship with only each other, use a condom every time you have sex.

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 IUD's, spotting on and off is normal for a few weeks to up to 6 months.

How much pain is too much?

Some cramping is normal. As the local anesthetic wears off, the pain can be worse later on the day of insertion. Ibuprofen (Advil, Motrin) and a hot water bottle are the best for the cramping pain.

Other reasons to call the office

Cannot feel the strings with your fingers

Feel the "T" part of the IUD passing through your cervix

Think you may be pregnant

Missed, late, or unusually light period using the Copper IUD

You or your partner have been exposed to a sexually transmitted disease

Severe cramps, pain, or tenderness in your abdomen

Pain or bleeding during sex

Unexplained fever or chills

Unusual discharge from the vagina or sores on your genitals

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.