

Intra-Uterine Device (IUD) Patient Information

What is an IUD?

An IUD is a device placed inside the uterus to prevent pregnancy. In some cases, your doctor may recommend an IUD for other uses such as to control heavy periods.

Two main kinds of IUD are available: Copper IUDs and Progestin-containing IUDs (Kyleena or Mirena)



A Progestin-containing IUD is a T-shaped piece of soft plastic which contains a small amount of slow release synthetic hormone known as levonorgestrel (a progesterone).



A *Copper IUD* is a similar piece of soft plastic which contains copper. It does not contain hormone.

Am I a Candidate for an IUD?

You probably should NOT use any IUD if you have:

- a sensitivity to the hormone levonorgestrel, silicone, polyethylene, or copper
- a current infection of the uterine tubes or ovaries (pelvic inflammatory disease)
- are pregnant

The Mirena or Kyleena IUD may be the right choice for you if you have:

- a desire for an effective form of contraception which does not need to be remembered every day
- a reason not to take birth control containing estrogen (such as heart disease, migraines or blood clots) because this IUD does not contain estrogen
- heavy and/or painful periods
- a desire for very light and short periods (or no period at all)

A copper IUD may be the right choice for you if you have:

- a desire for effective and reliable contraception that does not contain any hormones
- a desire for a less expensive form of intrauterine contraception (compared to oral birth control pills or the Progestin-containing IUDs)

How does an IUD work?

Mirena and Kyleena work by a combination of several mechanisms. It slowly releases levonorgestrel into the uterus. This thickens the cervical mucus, preventing passage of sperm through the cervical canal. It also reduces the normal monthly thickening of the lining of the uterus. In some cases it may also prevent ovulation.

The mechanism of action of *Copper IUD* is not certainly known. However, it seems to have a direct toxic effect to sperm and also makes the uterine lining inhospitable, preventing implantation.

How effective is an IUD?

Both types of IUD are very effective, Copper IUDs are quoted to be about 95-96% effective and Mirena or Kyleena are quoted to be 99% effective (pregnancy rate of 1:1000 per year) An IUD does not offer protection against sexually transmitted diseases.

When should an IUD be inserted?

An IUD should be inserted during your period or within 7 days of starting. Following childbirth, an IUD can be inserted after 12 weeks post partum. A pregnancy test will be done prior to or at the time of insertion. An alternate form of contraception must be used for one month prior to insertion to ensure you do not become pregnant shortly before insertion. You should not use tampons or have sexual intercourse for 1 week after your IUD is inserted (to prevent infection after the procedure)

How often should I have my IUD checked?

The IUD should be checked 4-6 weeks after insertion by your doctor, then annually during pelvic examination.

What are the side effects of an IUD?

Most women experience cramping and bleeding upon insertion of an IUD. This initial bleeding and cramping may last a few days following the procedure.

Mirena and Kyleena generally cause irregular bleeding for 1-3 months after insertion, sometimes longer. After this, the amount of bleeding during a period usually decreases significantly. About 15-30% of women do not get a period at all; this is not dangerous or worrisome.

Copper IUDs can cause an increase in the amount of bleeding and pain with periods. You will still get your period with a *Copper IUD*.

Other less common side effects do exist. You can discuss these with your physician at your IUD consultation appointment.

What are the risks of an IUD?

While IUDs don't cause infections, if you have a vaginal or cervical infection at the time of insertion, the infection may be spread upwards to your uterus and fallopian tubes. This occurs less than 1% of the time (about 1:1000 chance). For this reason, your doctor may screen you for infections during the insertion of the IUD.

The IUD must be placed in the correct position within your uterus to be effective. Sometimes, the IUD is placed too low or too high in the uterus. Your doctor may order an ultrasound, at her discretion, to confirm the placement of your IUD. If the IUD is in an unsatisfactory position, it will need to be removed and can be reinserted if desired.

There is an approximately 1/1000 chance of perforation of the uterus with an IUD. This occurs when the device is placed through the uterine wall or if the IUD migrates its way through the wall of the uterus. If a perforation occurs, it usually happens during the procedure or within the first month after insertion. If a perforation occurs, it would need surgery to retrieve the IUD from the abdomen.

If you are pregnant at the time of insertion, placement of the IUD may cause a miscarriage. A pregnancy test will be done prior to insertion and you should use another form of contraception for 1 month prior to insertion to prevent pregnancy which may be too early to be detected by the pregnancy test. You should NOT have intercourse for 1 week after the IUD is inserted, after which it will be effective.

Ovarian cysts may occur while on *Mirena*. These usually are not clinically significant and disappear.

Although rare, if pregnancy occurs with an IUD, there is an increased chance that it may end in a miscarriage. Also there is a 50% chance that the pregnancy may be in the uterine tubes (ectopic pregnancy). This has potential of be life threatening. The risk of pregnancy is about 1:1000.

How long can I use an IUD?

An IUD is effective soon after insertion. There are *Copper IUDs* that are effective for 3-10 years depending on the brand. *Kyleena* is effective for up to 5 years. *Mirena* is effective for up to 5 years. If you decide to try to conceive, the IUD can be easily removed. The return to fertility after removal of an IUD is comparable to going off of a birth control pill.

You should see your doctor if:

- you experience severe cramping or increased pain in the lower abdomen or back
- you have pain or bleeding during sex
- you have unexplained or foul-smelling discharge
- you cannot feel the strings of your IUD or you can feel the lower end of the IUD
- you think you might be pregnant