University Medical Service
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Intrauterine Device (Coils)

Information for patients

Intrauterine devices (IUDs or 'coil') are common and popular methods of contraception. There are two main types, copper IUDs, or hormonal coils (IUS). There are a few different brands of these including Mirena® ,also used to control very heavy periods, the three year 'Jaydess' or newer 5 year Kyleena. We will help you choose the right one for you.
We recommend that you read the essential information below, and also look at the following links:
https://www.sexwise.org.uk/contraception/ius-intrauterine-system
https://www.sexwise.org.uk/contraception/iud-intrauterine-device

You can look at this you tube video which is very useful, produced by NHS Lothian:
https://www.youtube.com/watch?v=XHRYE2FsXmc

Essential information:

1. **Pregnancy rates:** for a copper IUD this depends on the type but can be up to 2 per 100 women over 10 years. The Mirena® has a failure rate 1% over 5 years. Of these failures, there is a slightly increased proportion of ectopic pregnancies. Jaydess is less than 1% at 3 years.
2. **Bleeding patterns:** With a copper IUD periods may be a little heavier and more painful. With Mirena®, after a 'settling in' time of up to six months your periods should become much lighter and more infrequent and may stop altogether. A tiny amount of hormone is released into your body; which rarely causes side effects.
3. **Prior to the procedure:**
   a. **Painkillers:** Although fitting is usually straightforward, you are advised to take pain killers 1 hour prior to your appointment: preferably 2x200mg ibuprofen, or, if unable to take this, 2x500mg paracetamol tablets. The doctor may use a local anaesthetic on your cervix.
   b. **Reliable contraception**: Prior to the appointment if you are having a new device you are advised not to have had sex since your period, or to be on another reliable hormonal method of contraception. You may need a pregnancy test. If you are having a refit of a device we recommend you use condoms for 7 days prior to the procedure.
4. **Complications of IUDs**: These are not common but you do need to be aware.
   - Infection can occur, usually in the first three weeks of use. This would normally present with pain, bleeding or discharge. It can usually be treated with antibiotics but occasionally the IUD may need removal. Chlamydia/gonorrhoea tests are offered routinely prior to fitting.
   - Expulsion: IUDs occasionally fall out; it is wise to check your threads if you can.
   - Perforation of the womb can occur; up to 2 in 1000 fittings, higher if breast feeding.
5. **Length of use**: IUDs are licenced for 5-10 years use. Mirena/Kyleena are for 5 years, Jaydess 3 years.
6. **After the procedure:** it is not uncommon to feel faint during and after the procedure, so we may ask you to wait for a short period of observation. Extra contraception may be required after for a limited time.
   Don't use tampons for two weeks in case you pull the threads out
   Please bring a sanitary pad with you in case of light bleeding/spotting.

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Consent form for IUD procedures

Patient Details

Surname _____ **First Name** _____

Date of Birth _____

Name of Procedure _____

Statement of Health professional

I have explained the procedure to the patient. In particular I have explained the use of the IUD/ Mirena® as a contraceptive and/or the use of Mirena® in management of heavy periods.

I have discussed the procedure and its complications, in particular the timing of fit, pain, expulsion of device, side effects, infections, pregnancy rates, ectopics, perforation of womb, bleeding patterns and length of use.

I have provided the patient with an information leaflet.

Signed _____ **Date** _____

Name (PRINT) _____ **Job Title** _____

Statement of patient/carer

I agree to the procedure described above and have read the information provided.
I am aware **that this is licenced for** [ ] 3 years
[ ] 5 years
[ ] 10 years
I am aware it is **my responsibility** to have it removed/replaced at this time.
I understand that the procedure may involve local anaesthesia.
I **understand** the small risk of asymptomatic Covid-19 transmission but that infection control measures are in place to minimise this risk.

Signature of patient/carer _____ **Date** _____

Name (PRINT) _____ _____

Relationship to patient (if carer) _____

Dr F Sargen UEA Medical Centre 2013, updated Sep20 AG/KH
References:

1. *FSRH CEU Guidance on intrauterine contraception 2015*
2. *FPA Your Guide to the IUS 2008*
3. *J. Guillebaud: Contraception Today seventh edition*