

## OG27 Inserting an IUD

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Huddersfield Royal Infirmary

- Main switchboard, who can connect you to the relevant department, on 01484 342 000
- Patient Advice and Liaison Service (PALS) on 01484 342 128

Calderdale Royal Hospital

- Main switchboard, who can connect you to the relevant department, on 01422 357 171
- Patient Advice and Liaison Service (PALS) on 01422 222 417

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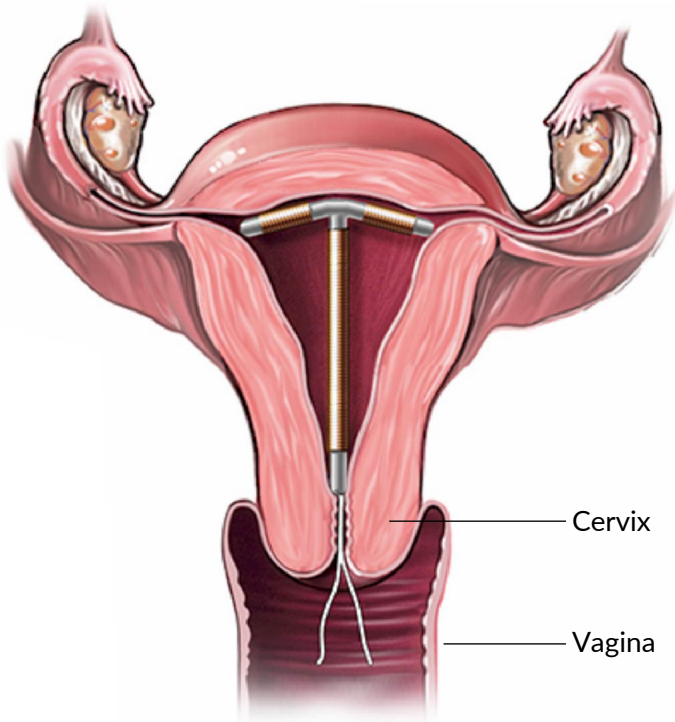
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UNITED KINGDOM

## What is an IUD?

A copper intrauterine contraceptive device (IUD, also known as a Cu-IUD or 'coil') is a T-shaped implant made of plastic and copper that is placed in your uterus (womb) to prevent you from becoming pregnant.



An IUD in the womb

An IUD provides three layers of protection that prevent pregnancy:

- The copper affects the sperm and egg, preventing fertilisation.
- The copper changes the lining of your womb (the endometrium), preventing a fertilised egg from implanting.
- The IUD physically blocks sperm from fertilising an egg.

An IUD is a non-permanent (reversible) method of female contraception. Depending on your age and the type of IUD, it can stay in place for up to 10 years. Your healthcare professional can remove it at any time you choose.

It is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an

informed decision. If you have any questions that this document does not answer, it is important that you ask the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to give your consent. This is the final step in the decision-making process. However, you can still change your mind at any point before or during the procedure.

## What are the benefits of an IUD?

You or your partner should not need to use another method of contraception while the IUD is in place. However, an IUD can fail and allow you to become pregnant (failure rate: less than 8 in 1,000 over 1 year).

The IUD stays in place for a long time, unlike other methods of contraception that you need to remember to take or use regularly.

Using a condom is the only method of contraception that provides some protection against sexually transmitted infections.

There is some evidence that IUDs may reduce the risk of cancers that affect the lining and neck of the womb.

## Are there any alternatives to an IUD?

There are other non-permanent methods of female contraception.

- A levonorgestrel intrauterine system (IUS) (failure rate: 1 in 1,000 over 1 year).
- Hormone implants (failure rate: 5 in 10,000 over 1 year).
- Oral contraceptive pill (failure rate: 9 in 100 over 1 year).

Sterilisation is a permanent method of female contraception (failure rate: 5 in 1,000 over 1 year). It involves blocking both fallopian tubes (tubes that carry the egg from your ovary to your womb and sperm to the egg).

The only safe, non-permanent method of male contraception is to use a condom, but the risk of failure is higher (failure rate: on average 15 in 100 over 1 year).

A vasectomy is a permanent method of male contraception (failure rate: less than 15 in 10,000

over 1 year). It involves cutting both the tubes that carry sperm from the testicles.

If you think one of these methods may be more suitable for you, discuss this with your healthcare professional.

## What does the procedure involve?

### Before the procedure

Let your healthcare professional know your monthly cycle and if you have any unusual bleeding or discharge. If you are experiencing any unusual bleeding, you may need to have further tests before an IUD is fitted.

You may need to have an ultrasound scan of your womb to find out if it is the right size and shape for you to have the procedure.

Your healthcare professional may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your healthcare professional know if you could be pregnant.

Your healthcare professional may also recommend that you have vaginal and cervical swabs (using cotton wool to take samples from the surface of your vagina and cervix) to send to the laboratory for analysis. This will help in finding out if you have an infection.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to the healthcare team your name and the procedure you are having.

### In the treatment room

Inserting an IUD is usually performed without anaesthetic. However, if the procedure is difficult or you are uncomfortable, your healthcare professional may offer you a local anaesthetic (given as an injection or gel applied to your cervix). They will discuss this with you. The procedure usually takes about 10 minutes.

Your healthcare professional will examine your vagina to check the size and position of your womb. They will then insert a speculum (the same instrument used for a smear test) into your vagina. They may clean your vagina and cervix with an antiseptic solution.

Your healthcare professional will use forceps to hold your cervix steady and will use a small device to measure your womb.

Let your healthcare professional know if any part of the procedure is uncomfortable or painful.

Your healthcare professional will place the IUD inside your womb. They will cut the strings used to remove the IUD, leaving about 3 centimetres of the strings deep inside your vagina. They will remove the forceps and speculum.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your healthcare professional may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

The possible complications of an IUD are listed below. You should ask your healthcare professional if there is anything you do not understand.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your healthcare professional know if you have any allergies, particularly to copper, or if you have reacted to any medication or tests in the past.
- Vasovagal reaction, where you feel faint. This can happen if your body reacts when the measuring device or IUD passes through your cervix. Most people recover quickly. Occasionally, the reaction may not pass quickly and your heart rate can slow down. This is called bradycardia. You may require simple first aid measures and, rarely, medication. The healthcare team will monitor your heart rate and blood pressure to check for any problems.
- Lost strings, if your healthcare professional cannot feel or see the strings at the top of your vagina. You will need an ultrasound scan to check that the IUD has not come out and your healthcare professional may ask you to have a pregnancy test.

- Lost IUD. This can happen if the IUD comes out, usually during a heavy period (risk: less than 1 in 20 during the first year of use). The risk is highest in the first 3 months and increases the younger you are. Your healthcare professional may check the strings after a few weeks. If you cannot feel the strings, let your healthcare professional know.
- Making a hole in your womb (risk: less than 2 in 1,000). You may need to go to hospital for close observation in case you develop complications. You may need an operation to remove the IUD and repair your womb.
- Infection (risk: 1 in 200 in the first 3 months). You may be given antibiotics to reduce this risk. Let your healthcare professional know if you get an unpleasant-smelling discharge or bleeding that settles and then gets worse. Do not take antibiotics unless you are told you need them.
- Increase in period pain and bleeding. Sometimes the IUD can also make you bleed between periods or make your periods heavier. You may need medication to reduce this. In the first year, up to 1 in 5 people have the IUD removed.
- Pregnancy problems, if in the unlikely event you become pregnant with the IUD in place. You will have a higher risk of having a miscarriage or an ectopic pregnancy (where a pregnancy happens outside your womb, usually in a fallopian tube). These problems can cause serious complications. Let your healthcare professional know if you think you might be pregnant or if you have pain or bleeding.

## Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

## How soon will I recover?

Sit up slowly and do not move around too quickly to prevent you from feeling dizzy. After a short while you will be able to go home.

You will have some vaginal bleeding and mild cramping that should last for only a few days as your body gets used to the IUD. Simple anti-inflammatory painkillers such as ibuprofen should help to relieve any discomfort.

You should be able to return to work and normal activities the day after your procedure.

While you are bleeding use sanitary pads, not tampons. Do not have sex, swim or do strenuous exercise during this time.

Your healthcare professional may arrange for you to come back to the clinic after your next period. They will check the strings. If you feel comfortable doing so, you can feel for the strings yourself. If you cannot feel the strings, let your healthcare professional know as the IUD may have come out.

## Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

## Summary

An IUD is placed in your womb to prevent you from becoming pregnant. It is usually a safe and effective non-permanent method of female contraception. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## **Acknowledgements**

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### **Illustrator**

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