

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 types of IUDs available are: Copper IUDs and Progestin-containing IUDs (Kyleena [5 year] or Mirena [5 year])



A Copper IUD is a T-shaped piece of soft plastic that contains copper. It does not contain hormone.

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



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
- Have 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 that 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 periods 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 in a variety of ways. They slowly release levonorgestrel into the uterus. This thickens the cervical mucus, reducing 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 a copper IUD is not certainly known. However, it seems to have a direct toxic effect to sperm and 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 approximately 95-96% effective, where Mirena and Kyleena are quoted to be 99% effective (pregnancy rate of 1:1000 per year). An IUD does not offer protection against sexually transmitted infections.

When should an IUD be inserted?

An IUD can be inserted any time, although ideally it 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 2 days after your IUD is inserted. This prevents 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 exam.

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 or weeks 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. 15-30% or more women do not get a period at all; this is not dangerous or worrisome. You do not need to have a period to be "healthy".

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 and it can be heavier than prior to the 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 do not 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 test you for infections during the IUD insertion.

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 may need to be removed and another IUD can be reinserted, if desired, at your cost.

There is approximately a 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, the IUD would need to be surgically removed from the abdomen.

If you are pregnant at the time of insertion, placement of the IUD may cause a miscarriage. **You should use another form of contraception for 1 month prior to insertion to prevent pregnancy.** A pregnancy test will be done prior to insertion. You should NOT have intercourse for 2 days 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 being 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 and **Mirena** are effective for up to 7 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 stopping a birth control pill.

You should see a doctor if:

- You experience severe cramping or increased pain in the lower abdomen or back
- You have pain or bleeding during intercourse
- 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