

## **The Intrauterine System – IUS (“Coil”)**

### **What is the IUS?**

The IUS is a small device made from plastic and contains progestogen hormone. The IUS is put into a woman's uterus (womb) by the doctor. The IUS is an effective method of contraception. Mirena is also used to treat heavy periods (menorrhagia).

- 1) Mirena is a five year IUS, licenced for contraception *and* heavy periods. It is sometimes used for endometrial protection as part of HRT.
- 2) Jaydess is a three year IUS more suitable to people who haven't had children
- 3) Kyleena is a new IUS which is five years with lower dose hormone than Mirena.

### **How does the IUS work as a contraceptive?**

The IUS includes a progestogen hormone. It works mainly by thickening the mucus made by the cervix which forms a 'mucus plug' in the cervix. This stops sperm getting through to the uterus (womb) to fertilise an egg. The progestogen also makes the lining of the uterus thinner. This makes it unlikely that a fertilised egg will be able to attach to the uterus. It sometimes also have some effect on the ovary, and ovulation may not occur (the release of the egg each month).

### **How effective is the IUS for contraception?**

Coils are some of the most effective means of contraception. They fail <2/1,000. Compare this to when no contraception is used. More than 80 in 100 sexually active women who do not use contraception become pregnant within one year. Condoms fail 18/100 and pills 8/100 per year. Therefore it 20 times less likely to fail than a pill.

### **What are the advantages of the IUS?**

Once it is inserted you can forget about contraception for five/three years. It does not interfere with sex. Periods usually get lighter, less painful, and sometimes stop in 15-20 percent after the first year, depending which device (unlike the copper IUD which are often heavier). Fertility returns as soon as it is removed.

### **What are the disadvantages of the IUS?**

Most women have no problems, but the following occasionally occur.

- *Irregular bleeding* - may occur for the first three months or so, but usually settles down. More often, women get little or no periods
- *Expulsion* - rarely the device may come out, sometimes without you noticing. We advice you should try to feel your strings.

- *Damage/perforation* (1 in 500-1,000) - the fitting of the device can (very rarely) cause damage to the uterus. This would usually be noticed by pain after insertion (more than usual cramping).
- *Infection*: There is possibly a very small risk of an infection of the uterus (pelvic infection) developing soon after the fitting of the device. An STI screen may be done if you are at risk (eg, not a regular partner). Infection is usually easily treated.
- *Failure of insertion*: Women should be aware that sometimes it just is not possible to get the coil through the cervix and you may need to be referred to a gynaecologist to have it done asleep. This is more likely if you haven't had children.
- *Failure rate* (rare <2/1,000) – expulsion and perforation are taken into account in this low failure rate.
- *Hormone side effects* (mainly at the start): Breast tenderness, headaches, acne. This usually settles in the first few months but if not may necessitate removal.
- *Risk of ectopic* (very rare)- it is very rare for the IUS to fail but if it does, the risk of ectopic (pregnancy outside the womb) may be higher

### **Who cannot use the IUS?**

Your doctor will discuss any current and past illnesses. Some illnesses may mean you cannot use progestogen based contraceptives such as the IUS (eg breast cancer). However, the number of women this affects is small. If you have some uterine problems (eg large fibroids) this may also be difficult to insert.

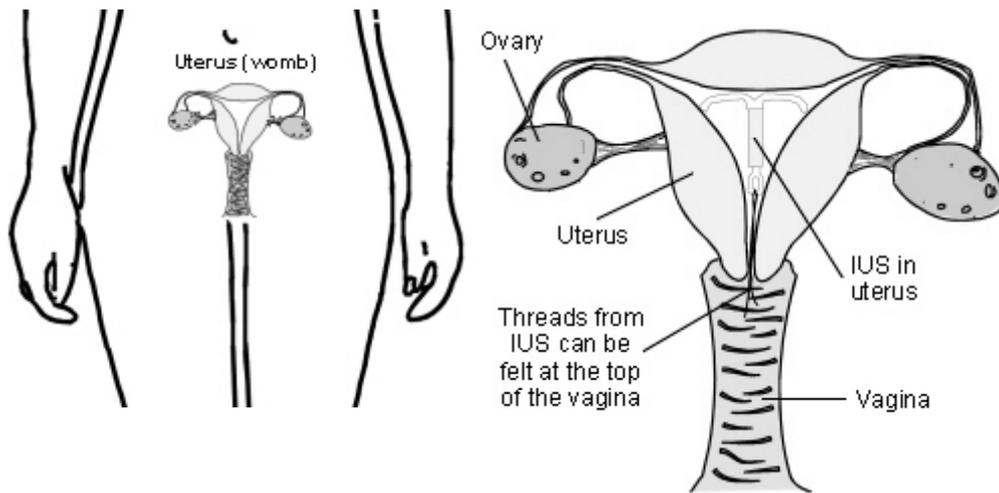
### **The IUS as a treatment for heavy periods (menorrhagia)**

The Mirena IUS has become popular as a treatment for heavy periods (menorrhagia). In most treated women, bleeding becomes very light, or stops altogether, within 3-9 months. In one study, the IUS was inserted into women on a waiting list for hysterectomy for heavy periods, 8 in 10 of these women then decided against having a hysterectomy as the IUS worked so well. If you have had a recent change in the pattern of your periods, you may need an ultrasound scan prior to insertion.

### **How is the IUS fitted?**

It is usually fitted within seven days after the start of a period. It is then immediately effective. If it is inserted after the first 7 days, then you would need to have been on another form of reliable contraception or abstained since the start of your period. The safest course of action is to use your previous contraception to 'bridge' until your strings are checked after 4-6 weeks.

You will need a vaginal examination, and the doctor will pass a small instrument into the uterus to check its size and position. An IUS is then fitted. You may be able to feel the threads of the device so you can check it is in place. It is best to check the threads regularly, for example, once a month just after a period.



Occasionally the procedure can be uncomfortable. Just after the device is fitted some women have crampy pains like period pains for a few hours. These can be eased by painkillers such as paracetamol or nurofen. Light vaginal bleeding may also occur for a short while. Heavy bleeding or severe pain necessitates a visit to the doctor.

### **What you should do to prepare for insertion?**

- Read the information enclosed in this carefully and weigh up benefits and side effects to make sure you are sure that this is right for you.
- Take a painkiller an hour before coming in (ponstan or nurofen, sometimes with buscopan- see your prescription)
- If you are very nervous, talk to the doctor about a mild relaxer eg valium (you won't be able to drive after this though)
- If you are having your period, you can keep tampon in and remove in toilet just before insertion.

### **Follow up**

The doctor will usually want to check that there are no problems a few weeks after fitting. A six week check is usually all that is needed unless you can't feel strings yourself and are concerned. You can use sanitary towels or tampons for periods when an IUS is in place. Be careful that you don't accidentally catch the strings with tampon (ie avoid super ones). Condoms are a good idea to the first two weeks to reduce risk on infection.

Most women have no problems and the IUS can remain in place for five years. It needs to be replaced after five years (or 3 for jaydess). It can be removed at any time by a trained doctor. You should attend the doctor 1-2 months before a new one is due to arrange re-insertion if you require it. If the Mirena is insertion over the age of 45, it may be left for seven or more years (your doctor will advise you at the time.) It can also be used as a part of a safe HRT regimen.

Fertility returns as soon as it is removed. If you plan to have it removed, but do not want to get pregnant, then use other methods of contraception (such as condoms) from seven days *before* it is removed. This is because sperm can last up to seven days after having sex.

Consult a doctor if any of the following occur.

- Prolonged abdominal pain following insertion of the IUS. Some women may experience period-like cramping or pain, bleeding or dizziness during and right after coil is placed. Tell your doctor if your cramps are severe or lasting a long time. Severe vaginal discharge with or without pain following insertion (which may indicate infection).
- If you suspect that the IUS has come out or is coming out. This is rare. It is usually possible to feel the threads inside the vagina to check it is in place. If you cannot feel the threads then use other contraceptive methods (such as condoms) until you have been checked by a doctor or nurse.

Price:

If no medical card: €25 for 1st consult, €155 for insertion and €25 for 6 week follow up which is mandatory as part of our insertion. The device is approx €114 at the pharmacy as part of the DPS. (This works out cheaper than six monthly pill checks and 5 years of pill prescriptions!)

Price if medical card/DVC: €30 for equipment.

Your prescription may include:

- The coil
- Ponstan- this a painkiller to take an hour beforehand and the evening after insertion if needed (take paracetamol if you'd prefer)
- 2 buscopan to take an hour before procedure
- Relaxer medication if you requested same from doctor- do not drive home after

The IUS is different to the IUD ('copper coil'). Information on same can be found here: <https://patient.info/sexual-health/long-acting-reversible-contraceptives-larc/intrauterine-contraceptive-device>. Please talk to the doctor if you feel this is a more suitable option for you. It can also be used as emergency contraception but must be inserted within 5 days of unprotected intercourse.