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OG34 Inserting an IUS

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

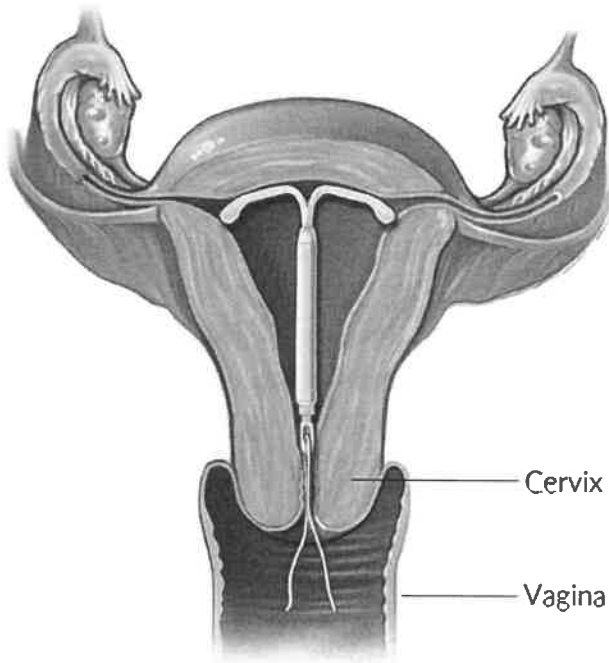
Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is an IUS?

An intra-uterine system (IUS) is an implant made of plastic and containing a synthetic form of the hormone progesterone. It is placed in your uterus (womb) to prevent you from becoming pregnant. An IUS can also be used to relieve the symptoms of heavy periods.



An IUS in the womb

An IUS provides three layers of protection. It works by physically blocking sperm from fertilising an egg. The plastic body of the IUS is toxic to sperm and your egg. The hormone changes the lining of your womb, preventing a fertilised egg from implanting.

An IUS is a non-permanent (reversible) method of female contraception. Depending on your age and the type of IUS, it can stay in place for 3 to 5 years. If you are over 45, it may be able to stay in place until you no longer need to use contraception. Your doctor 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, ask your doctor or the healthcare team.

What are the benefits of an IUS?

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

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

A hormone-releasing IUS can be used to treat heavy or painful periods. It can also be used to treat endometriosis (where the lining of your womb grows outside your womb) and endometrial hyperplasia (where the lining of your womb becomes too thick). Your doctor can discuss this with you.

Are there any alternatives to an IUS?

There are other non-permanent methods of female contraception.

- Hormone implants (failure rate: 5 in 10,000 over 1 year).
- Oral contraceptive pill (failure rate: 8 in 100 over 1 year).

A 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 2 in 1,000 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 doctor.

Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications. It is possible to have surgery to remove the lining of your womb (endometrial ablation) or to remove your womb (hysterectomy). However, these are usually only recommended after simpler treatments have failed to control your symptoms.

What does the procedure involve?

Before the procedure

Let your doctor know your monthly cycle and if you have any unusual bleeding or discharge.

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

Your doctor 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 your doctor and the healthcare team your name and the procedure you are having.

In the treatment room

Your doctor will usually give you a painkiller and some medication to relax your womb. Inserting an IUS usually takes about 10 minutes.

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

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

Your doctor will place the IUS inside your womb. They will cut the strings used to remove the IUS, 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 make the procedure as safe as possible but complications can happen. Some of these can be serious and can even cause death. The possible complications of an IUS are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

- Cervical shock, where your heart rate slows down. This can happen if your body reacts when the measuring device or IUS passes through your cervix. If the reaction is serious, you may have a cardiac arrest (where your heart stops working) although this is very rare. The healthcare team will monitor your heart rate and blood pressure to check for any problems.

- Lost strings, if your doctor cannot feel or see the strings at the top of your vagina. You will need an ultrasound scan to check that the IUS has not fallen out and your doctor may ask you to have a pregnancy test.

- Lost IUS. This can happen if the IUS falls out, usually during a heavy period (risk: less than 1 in 10). The risk increases the younger you are. Your doctor may check the strings after a few weeks. If you cannot feel the strings, let your doctor 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 IUS and repair your womb.

- Infection (risk: less than 1 in 100 in the first 20 days). You may be given antibiotics to reduce this risk. Let your doctor know if you get an unpleasant-smelling discharge or bleeding that settles and then gets worse.

- Increase in period pain and bleeding. Sometimes the IUS can also make you bleed between periods. In the first year, up to 1 in 5 women have the IUS removed.

- Hormonal side effects such as gaining weight, feeling sick, headache, breast tenderness, bloating and mood changes. If this does not settle, you may choose to have the IUS removed (risk: less than 1 in 10).

- Pregnancy problems, if you become pregnant with the IUS 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 doctor know if you think you might be pregnant or if you have pain or bleeding.

You should ask your doctor if there is anything you do not understand.

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 IUS.

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. You should continue to use your normal contraception for a week after the procedure.

Your doctor 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 doctor know as the IUS may have fallen 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 IUS is an implant that is placed in your womb to prevent you from becoming pregnant and sometimes also to relieve the symptoms of heavy periods. 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.

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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