

The intra uterine system (IUS) or Mirena

This leaflet aims to answer your questions about having the intra uterine system (IUS), known as Mirena, inserted. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is the IUS?

The IUS is a small plastic T-shaped device that is inserted into your uterus (womb). Unlike a standard IUCD (intra uterine contraceptive device) or coil, it does not contain any copper, but has a hormone called levonorgestrel (a type of progesterone) around the central section. This hormone is released slowly into the womb to prevent pregnancy. It has two very fine threads that come through the cervix (neck of the womb) opening and rest at the top of the vagina, so that it can be checked and also so it can be removed when necessary.

What is the IUS used for and what are the benefits?

The IUS has a number of uses, including the following:

- It is widely used as a reversible contraceptive, and can be left in place for up to five years. It can be a long-term alternative to sterilisation as only two in 1,000 women using it will get pregnant.
- It is used as a treatment for heavy and painful periods and can reduce period bleeding by up to 90% (see our leaflet on **Heavy periods**). It can be left in place for five years, or longer if you are over the age of 45 when it is inserted.
- It can be used with oestrogen as part of hormone replacement therapy (HRT) and can be in place for up to four years.

The IUS can be inserted for other conditions that your doctor or nurse may discuss, but these will be on an individual basis.

What are the risks?

There are very few risks associated with insertion of the IUS:

- In a small number of women there can be difficulties with the insertion of the IUS. It may not be possible to fit it within the outpatients department so you may need to be admitted to hospital and have it fitted under general anaesthetic.
- Occasionally, during insertion, the IUS can make a small hole in the womb called a perforation (in about one in every 800–1,000 insertions) and an operation may be needed to remove the IUS.
- Occasionally the IUS may fall out of your womb (expulsion). This happens in six to eight women in 100 and puts you at risk of pregnancy if you are using it as a method of contraception.

The IUS can cause some irregular bleeding. This is usually not heavy, but is often persistent spotting or brown discharge that may continue for up to six months. After this time it should settle down into lighter periods, and some women (about 20%, or one in five) have no bleeding at all by the end of the first year.

Are there any side effects?

Side effects are more common within the first few months of the IUS being inserted and generally settle after continued use. These may include breast tenderness, headaches, acne and symptoms similar to pre-menstrual syndrome (PMS).

Occasionally, women may develop functional or simple ovarian cysts (small fluid filled sacs on the ovaries), which are not dangerous. These usually cause no symptoms and will go away on their own.

There are some women for whom the IUS is not suitable, including women with:

- allergy to levonorgestrel
- suspected pregnancy
- unexplained vaginal bleeding (unless you are having this investigated at the same time)
- pelvic inflammatory disease (current or within the last three months)
- changes to the shape of the womb, such as submucous fibroids
- a small womb.

In these instances, your doctor will assess whether the IUS is suitable for you. Further information on the suitability of the IUS and its side effects is given in the manufacturer's leaflet inside the package. Please ask to see this if you would like to.

Are there any alternatives?

For further advice on other available methods of contraception, please see the Family Planning Association website at www.fpa.org.uk.

For further advice on controlling heavy periods, please see our leaflet on **Heavy periods**.

If the IUS is part of HRT, there are many other standard HRT preparations that can be used in the form of either patches or tablets.

How can I prepare for having an IUS fitted?

The IUS can be fitted in the outpatient department. You do not need any special preparation beforehand, although we do recommend that you take your usual painkiller an hour before your appointment time. Some women may have a hysteroscopy first to assess the womb cavity (see our leaflet, **Having a hysteroscopy**). You can eat and drink as normal but we need to ensure that you are not pregnant before the IUS is fitted. You will therefore need to ensure that you use adequate contraception or do not have sexual intercourse between your last period and having the IUS fitted. It is our normal practice to ask you to take a pregnancy test in the clinic before fitting the IUS, so please ask the nurse to give you a sample jar if you need to go to the toilet before you are called.

Asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens during the IUS fitting?

Fitting the IUS generally takes place in the outpatient department. However, it can be done under anaesthetic if it is necessary, or if you are having other procedures at the same time. A speculum is inserted in the same way as when you have a smear test, and the neck of the womb is cleaned. A small instrument is then gently inserted into the womb to measure the length of the womb.

It may be necessary to give a local anaesthetic of either a gel or an injection. It may also be necessary to attach an instrument to the neck of the womb to stabilise it, which may cause pain for a few seconds. The cervical canal that leads to the womb will be gently opened and then the IUS will be inserted. When this is inserted you may feel a sharp pain. After the procedure, you may feel like you have period pain for a few hours.

Will I feel any pain?

You may feel pain during and after the fitting. We would suggest that you take some painkillers that you would normally take for period pains about an hour before you have the IUS fitted.

What happens after the procedure?

After the IUS is inserted, you will see the nurse or doctor who fitted the IUS and then you will be able to go home. You may have some cramps and slight bleeding after the procedure.

What do I need to do after I go home?

When you leave hospital you can return to your normal activity. We would suggest that you do not use tampons for the next four weeks and do not have sexual intercourse for a few days. If you are using the IUS for contraception it will be effective **seven days after insertion**, so additional contraception (such as condoms) will be needed if you have sexual intercourse in the first week. You may experience some bleeding, which is normal. If you have period pains you can take your usual painkillers.

If you have severe pain, have an offensive or smelly discharge, or experience heavy bleeding, please **contact your GP or the Emergency Pregnancy and Acute Gynaecology Unit (EPAGU) on 020 7188 0864**.

Will I have a follow-up appointment?

The type of follow-up appointment will depend on the reason for the fitting. You may be asked to see your GP six weeks after the IUS is fitted and have a follow-up appointment with them. Generally, the IUS needs six months to settle down, so we would follow you up then, either in the clinic or over the telephone.

Further information

Contact us

If you have any questions or concerns about the IUS, please contact the McNair women's outpatient clinic on **020 7188 3023** (preferably on a Wednesday afternoon) or email GynaecologyResults@gstt.nhs.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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