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Intrauterine Contraception

Objectives

- ▶ At the end of this session, you will be able to:
- ▶ Have an overview of the methods
- ▶ Understand how UKMEC guidance relates to these methods
- ▶ Understand how to effectively undertake a 'coil check'
- ▶ Know the guidance if the coil strings are missing
- ▶ Understand how to manage common problems associated with this method of contraception.

Long-Acting Reversible Contraception LARC

- ▶ Contraception methods that need administration or attention less than once per cycle/ month
- ▶ Much more effective than oral methods or barrier methods
- ▶ No reliance on patient compliance
- ▶ Fit and forget, no need to visit contraceptive or GP's services
- ▶ Independent of sexual intercourse
- ▶ Cost effective even at one year

30% of pregnancies are unplanned

Methods available/ in Circulation

Cu-IUD

- ▶ T safe 380 A QL (banded)
- ▶ Nova T 380
- ▶ Mini TT 380 Slimline (banded)

- ▶ Gynefix
- ▶ Intrauterine Ball (IUB)

IUS

- ▶ Mirena
- ▶ Levosert
- ▶ Klyeena
- ▶ Jaydess

Copper Coils banded and un-banded

Un-banded Coil



Banded copper coil



Cu-IUDs T shaped

- ▶ Non hormonal
- ▶ Toxic effect to ovum and sperm, alteration of cervical mucous, endometrial inflammatory reaction
- ▶ Contain plastic and copper
- ▶ Most also contain barium making them radio opaque.
- ▶ Last 5-10 years
- ▶ Failure rate 0.6-0.8 % in first year of use
- ▶ Normal or perhaps slightly heavier periods to start with
- ▶ If inserted after the age of 40 years will last until 55 years of age or menopause (extended use)
- ▶ Can be used as emergency contraception

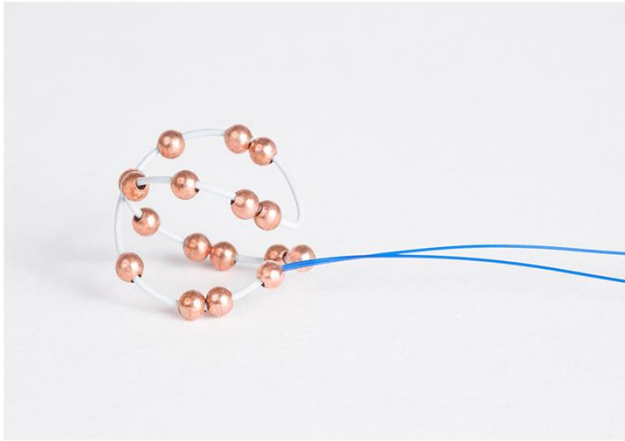
Gynefix



Gynefix

- ▶ Frame-less IUD with copper beads that are supported on a surgical suture.
- ▶ It is embedded into the myometrium of the fundus via the inserter
- ▶ 5-year license
- ▶ Can be used on all uterine cavities
- ▶ Copper content is 330mm² (6 copper beads) or 300mm² (4 copper beads)
- ▶ Smaller than other devices and possibly better tolerated
- ▶ Less likely to produce heavier periods
- ▶ Special training is recommended to fit.

Intrauterine ball



Intra Uterine Ball

- ▶ 17 Copper beads 300mm² strung on a flexible polyethylene coated nitinol shape memory wire
- ▶ When released from the insertion tube it coils into a 3D spherical shape, adapting to the shape of the uterus
- ▶ Blue double tail thread to aid detection and removal
- ▶ Provides 5 years of contraception
- ▶ Currently FSRH unable to recommend as not enough safety and effectiveness data.

IUS (Intrauterine system)

- ▶ Hormonal , containing the progestogen Levonorgestrel
- ▶ Works by endometrial changes, it thins the endometrium, and cervical mucous changes
- ▶ Maybe amenorrhoeic, and in general for most less bleeding days
- ▶ Last for 3-6 years
- ▶ Failure rate 0.2 % in first year of use
- ▶ There maybe small amounts of systemic absorption causing breast tenderness and pain, acne and headaches.

Mirena

- ▶ 52mg Levonorgestrel
- ▶ T shaped
- ▶ Licensed for 5 years
- ▶ Licensed for contraception, heavy bleeding and progesterone part of HRT
- ▶ If fitted over 45 years of age ladies can use until 55 years of age (extended use)
- ▶ If used as progesterone part of HRT needs exchanging every 5 years (although license is 4 years)
- ▶ Brown threads

HRT use is licensed for 4 years but FSRH support use for 5 years.

Levosert

- ▶ 52mg Levonorgestrel
- ▶ T shaped
- ▶ 6 years
- ▶ Licensed for contraception and heavy menstrual bleeding
- ▶ Blue threads
- ▶ If fitted over 45 years of age ladies can use until 55 years of age (extended use)
- ▶ Slightly wide insertion tube than Mirena
- ▶ Cheaper than Mirena

Klyeena

- ▶ 19.5mg Levonorgestrel
- ▶ T shaped
- ▶ Licensed for 5 years
- ▶ Licensed for contraception only
- ▶ Blue threads
- ▶ Smaller insertion tube diameter
- ▶ Smaller coil
- ▶ Cheaper than Mirena

Maybe more suitable for nullips

Jaydess

- ▶ 13.5mg Levonorgestrel
- ▶ T shaped
- ▶ Licensed for contraception only
- ▶ Lasts 3 years
- ▶ Brown threads
- ▶ Same size insertion tube and coil as Klyeena
- ▶ Cheaper than Klyeena but less cost effective overall
- ▶ Less hormone than the others but evidence is progestogenic side effects are similar with all IUS

Smaller inserter tube so maybe good for nullips

UKMEC

- ▶ UK Medical Eligibility Criteria
- ▶ Offers guidance as to who can use contraceptive methods safely
- ▶ It provides evidence based recommendations as to who may use a method safely depending on the patients characteristics or health conditions
- ▶ <https://www.fsrh.org/ukmec>
- ▶ Srrh.org/mecwheel

UKMEC

- ▶ UKMEC 1 A condition for which there is no restriction for the use of the method
- ▶ UKMEC 2 A condition where the advantages of using a method generally outweigh the theoretical or proven risks
- ▶ UKMEC 3 A condition where the theoretical or proven risks usually outweigh the advantages of the method
- ▶ UKMEC 4 A condition which represents an unacceptable health risk

UKMEC 3

Cu-IUD

- ▶ 48 hours to < 4 weeks post partum
- ▶ Complicated organ transplant
- ▶ Initiation with long QT syndrome
- ▶ Uterine fibroids with distortion of the cavity
- ▶ Distorted uterine cavity
- ▶ Low CD4 count

IUS

- ▶ 48 hours to < 4 weeks post partum
- ▶ Complicated organ transplant
- ▶ Initiation with long QT Syndrome
- ▶ Uterine fibroids with distortion of the cavity
- ▶ Distorted uterine cavity
- ▶ Low CD4 count
- ▶ Continuation with CVD
- ▶ Past breast cancer
- ▶ Severe liver disease or tumours

Expulsion is higher with fibroids

UKMEC 4

Cu-IUD

- ▶ Post abortion sepsis
- ▶ Post partum sepsis
- ▶ Unexplained vaginal bleeding
- ▶ Initiation in cervical cancer awaiting treatment
- ▶ Initiation in endometrial cancer
- ▶ Initiation with Pelvic infection

IUS

- ▶ Post abortion sepsis
- ▶ Post partum sepsis
- ▶ Unexplained vaginal bleeding
- ▶ Initiation in cervical cancer awaiting treatment
- ▶ Initiation in endometrial cancer
- ▶ Initiation with pelvic infection
- ▶ Current breast cancer

Coil check

- ▶ We used to do yearly coil checks, but these are not necessary any longer
- ▶ I still offer a 6 week follow up check
- ▶ Confirm which coil and when it is due for changing
- ▶ Explain the importance of checking threads once a month or after each monthly bleed
- ▶ Encourage ladies to attend if they cannot feel their coil strings
- ▶ Encourage ladies to attend if a period has been missed with a Cu IUD or bleeding patterns have changed
- ▶ Encourage ladies to attend if they have abdominal or pelvic pain.
- ▶ Encourage ladies to attend if they have any concerns

Case Lost Coil Strings

- ▶ Sarah is 42 and has come to see you for her routine smear. You ask her about her contraception, and she confirms she has a Mirena coil in situ now for 3 years. She is quite happy with it and having no problems.
- ▶ You undertake her smear successfully but are unable to see her coil strings. She tells you she does not check them on a regular basis and the last time she felt them might have been 6 months ago as she finds it quite difficult.
- ▶ What do you do next ?

Why do the strings disappear ?

- ▶ Pregnancy
- ▶ Expulsion
- ▶ Perforation
- ▶ Retraction of threads into cervical canal

What is required ?

- ▶ Pregnancy test.
- ▶ Emergency contraception if required
- ▶ On going contraception
- ▶ Request an USS pelvis
- ▶ Xray of abdomen and pelvis

Sarah

- ▶ Sarah had a negative pregnancy test
- ▶ She had not had UPSI in the last four weeks so did not need emergency contraception
- ▶ She did wish to have future contraception in place but was happy to rely on condoms until her scan
- ▶ Her Mirena coil was located on her scan, and in the correct position
- ▶ She was advised the change date of the Mirena coil in two years, and it was suggested she rang a few weeks in advance as if there were no strings she would need referral to the local sexual health clinic in order to facilitate removal for exchange.

The likelihood is it will be in the uterus and the threads have managed to retract into the cervical canal. Reassure and can be left. May need help with removal at a later stage. If not found in the uterus.

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Common Problems

Recurrent thrush or bacterial vaginosis

- ▶ Cu IUD has been associated with recurrent thrush.
- ▶ Evidence shows yeasts adhere to the coil creating a biofilm. This biofilm may protect also from the effect of antifungals
- ▶ Both the Cu IUD and to a lesser extent the IUS have been associated with bacterial vaginosis
- ▶ If ladies get recurrent symptoms they may wish to change to another form of contraception

Biofilm is a thin layer of mucilage adhering to a solid structure often containing bacteria and fungus etc

Unscheduled bleeding

- ▶ Heavier periods initially with the Cu-IUD is also common and likely to settle with time.
- ▶ Unscheduled Bleeding is common in the first few months of IUS.
- ▶ If not settling take a good gynae history
- ▶ Examination especially if indicated from the history or if > 3/12 (view of cervix, swabs etc)
- ▶ Consider TV USS
- ▶ Short term empirical treatment with COCP for 3/12 for those medically eligible - unlicensed.

Indications for coil removal

- ▶ Desire to become pregnant and start or continue family
- ▶ Side effects and not getting with the coil (heavy bleeding with Cu IUD or irregular bleeding with IUS)
- ▶ Hormonal side effects
- ▶ Wishing to change contraception
- ▶ Device maybe out of license
- ▶ Perimenopausal and menopausal ladies

LOC IUT

- ▶ FSRH diploma or Online Theory Assessment
- ▶ Complete e SRH module 18 on eLFH platform
- ▶ Be confident undertaking speculum examination and ideally pelvic examination
- ▶ Practical training with faculty registered trainer (which in some cases may be sponsored by Bayer)

Practical training initially is undertaken with a faculty registered trainer, but some sessions can be undertaken in local clinic with a fitter who has LOC in IUT

Make sure you have enough to keep competent. Those fitting few IUD's have greater risk of perforations.



Any Questions ?

References

- ▶ <https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/>
- ▶ <http://ukmec.pagelizard.com/2016>
- ▶ <https://www.fsrh.org/standards-and-guidance/documents/new-product-review-intrauterine-ball-iub-scu300b-midi-february/>
- ▶ <https://srh.bmj.com/content/familyplanning/27/3/135.full.pdf>

- ▶ Declaration of Interests Bayer employ me to provide IUC training to HCP's