

## FACT SHEET: IUD INSERTION AND REMOVAL

An IUD is a long acting, reversible type of contraception that is highly effective.

### Why should I choose an IUD?

**IUDs are great! They are recommended as they are a long acting, reversible type of contraceptive and highly effective.**

**We supply all types of IUDs available in Australia at Clinic 66; Mirena® IUS, Kyleena® IUS, Copper TT 380 and Copper Load 375 IUDs. The hormonal 52mg levonorgestrel IUS (Mirena®) can also be used to manage menstruation (heavy periods) and/or as a treatment for menopausal symptoms.**

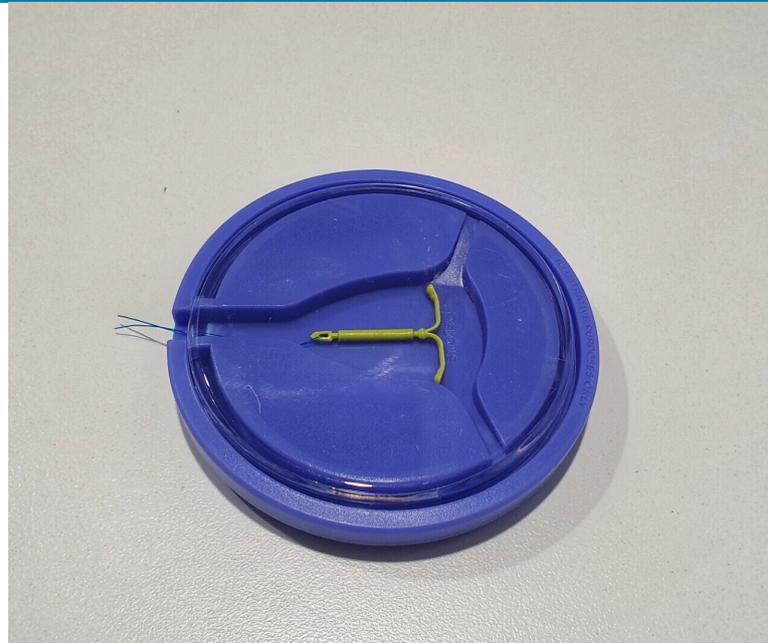
Clinic 66 offers Intrauterine Device (IUD) insertion as an office-based procedure, using either no anaesthetic, topical or local anaesthetic, or with intravenous or inhaled sedation.

An IUD may be inserted for contraception (hormonal and non-hormonal) and/or management of heavy menstrual bleeding or endometriosis (Mirena® IUS).

As with any procedure, there are procedure-specific risks in addition to the generic risks. These risks are detailed on the consent form, and will be explained to you by your inserting doctor. This is known as "informed consent". The risks associated with IUD insertion are very low. You will sign the consent form prior to your IUD procedure.

Patients may refer themselves or come via referral from another doctor. Any patient requesting IUD insertion needs to have consultation with a doctor (at our clinic or elsewhere) prior to booking an appointment for IUD insertion.

Patients must have pregnancy confidently excluded prior to having an IUD inserted.



**In order to exclude pregnancy, and safely insert an IUD, one of the following must apply:**

- If a levonorgestrel (Mirena® or Kyleena®) IUS is inserted on Days 1-7 of menstrual cycle.
- If a non-hormonal (Copper) IUD is inserted on Days 1-10 of menstrual cycle.
- If a contraceptive implant (Implanon) is in your arm (which has not expired).
- If you have an IUD already, which is in date, but is due for replacement soon.
- If you have been taking the Oral Contraceptive Pill with no missed pills and have not been "pill free" for more than 7 days in a row.
- If you have been **fully abstinent** from sexual intercourse since the last menstrual period.
- If you are at least 8 weeks since your baby was born and have either, used condoms reliably or abstained from sex since delivery.
- If you have an existing IUD but it has expired, you should use condoms or abstain from sex for 3 weeks before replacement.
- If you have been using condoms reliably (every time without breakage) since your last period.



## How much will it cost and what is the availability for appointments?

Clinic 66 is a private medical facility, so there is a fee charged for all our services. We do not bulk bill.

The cost of an IUD will depend on the type of device you have inserted, whether you hold a valid Medicare card and the type of anaesthetic you have (eg awake with gel or with Pentrox® or IV sedation).

A large portion of your costs will be rebated by Medicare (if you hold a valid Medicare Card). For women who don't hold a Medicare card, the costs associated with IUD are usually covered by Medical/Health insurance but it is best to check directly with your provider.

Clinic 66 are competitively priced compared with other providers and we have good appointment availability. We can usually see you within a week of your enquiry.

## What if the threads of my current IUD are "lost" ?

For women who have "lost threads", or the device is not visible at the cervix, they must have a formal ultrasound scan (to confirm intrauterine location of device) prior to removal or replacement.

We can provide a referral for this ultrasound scan if necessary (and can be bulk billed).

## Do I need a consultation prior to insertion?

All women requesting IUD insertion must have a consultation with a doctor prior to insertion. This may be with your own GP (they need to know a bit about women's health) or any of our doctors who consult at Clinic 66. The pre-insertion consultation enables a woman to understand which type of IUD would suit her best, choose her type of insertion, and to have insight into risks and complications.

The optimal time for IUD insertion is for a woman to be on day 1-7 of menstruation, and preferably not during heavy flow. However, this is not always possible and an IUD may be inserted at other times of a woman's cycle, provided pregnancy can be excluded.

Pregnancy can usually be excluded by taking a history and with a Urinary Pregnancy Test or with a very recent blood test which measures pregnancy hormone (BHCG). If there is a risk of pregnancy on the day that your IUD procedure is booked, we may have to delay the procedure to a later date.

For women over the age of 40, requesting new levonorgestrel IUD (Mirena®) insertion for the indication of heavy menstrual bleeding, they must have a formal ultrasound scan to exclude pathology prior to booking in. If there is an underlying cause found for heavy bleeding, such as thickened lining or a polyp, you may be referred directly to a gynaecologist for further investigation and treatment.

For women who are requesting a non-hormonal (copper) IUD for emergency contraception, this needs to be inserted within 5 days of unprotected intercourse and there must not have been any other previous episodes of unprotected sex in that cycle.

For IUD removal or replacement, a woman needs to refrain from sexual intercourse for 7 days prior to removal. This is because there is a risk of pregnancy immediately after IUD removal or if a new IUD is unable to be inserted.

Clinic 66 is a one-stop integrated sexual health clinic and day surgery in Chatswood - for all your sexual and reproductive health needs and concerns.



## Will it be painful?

At Clinic 66, you may choose to have your IUD inserted as an awake procedure or under sedation (light anaesthetic which can be intravenous or inhaled).

A straightforward IUD insertion is usually a relatively quick procedure lasting a few minutes only; a bit like having a crampy cervical screening test (pap test) performed. Most women having an IUD inserted will not require intravenous sedation, though local anaesthetic is often helpful.

If you are unsure whether to have sedation or to be awake, it's a good idea to book in with one of our doctors and discuss your options.

## What are my options for pain relief?

Women who prefer to remain awake for their IUD procedure are advised to take simple pain relief such as paracetamol or ibuprofen / naproxen 45 mins before the procedure and are advised to eat a light meal to reduce the risk of feeling faint.

We also offer local anaesthetic gel which helps to numb and lubricate the cervical canal. Inhaled sedation (Penthrox®) is also available.



## Sedation:

All women who attend for an IUD procedure can choose intravenous sedation, if they want it. We recommend sedation for some women, such as those who have never been sexually active or who are anxious. Women who have not had a vaginal birth, and women who are menopausal may experience more discomfort when an IUD is inserted awake.

**The following groups of women may find the procedure more painful or it may be more difficult, and they are recommended to have their insertion under sedation:**

- **Women who have had only Caesarean deliveries without dilating their cervix.**
- **Menopausal women including women whose last delivery was a long time ago.**
- **Previous surgery to cervix e.g. LLETZ procedure – risk of scar tissue making the insertion difficult.**
- **History of fainting or vasovagal episodes.**
- **Feeling anxious/tense or patient preference.**

**Women who opt for their insertion under sedation must be fasted (nothing to eat for 6 hours and then water only up to 2 hours prior to their appointment. For the 2 hours immediately prior to the appointment, they should not eat or drink anything). Women who have had IV sedation will need to stay in the clinic until they are fully alert. This might mean a stay of up to 3 hours. They will need to be driven home.**

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# Driving after the procedure:

Post procedure, the patient is recovered and allowed to go home.

- **Awake insertion / Local anaesthetic only** - Driving is not recommended for at least 6 hours in case of a fainting episode.
- **Intravenous sedation** - Patient needs to be driven home and advised not to drive for 24 hrs.
- **Inhaled anaesthetic ("Green Whistle" or Pentrox®)** - Driving after Pentrox® is not recommended.

## Are there any complications?

### Infection

To help prevent infection, nothing is to be inserted into the vagina for 2 days after an IUD procedure (this includes sexual intercourse and tampons).

### Fainting (Vasovagal reaction)

This is quite common and may mean a prolonged visit to the clinic. Treatment is provided if necessary, though it is best avoided if possible.

### Pain

Post IUD insertion pain is common in the early days but is usually mild and settles quickly with simple pain relief like paracetamol, ibuprofen or Buscopan and a heat pack.

### Ongoing clinical care

Clinical review is recommended at 4-6 weeks post insertion which normally includes a speculum examination.

We can do this at Clinic 66, or you can see another doctor. Clinic 66 is a privately billing clinic and consultation fees usually apply.



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## Pathology Testing:

All patients will be routinely offered a test to screen for chlamydia infection. This test is highly recommended in women who may be at risk.

Cervical screening tests (pap smear) can be performed during an IUD insertion procedure if the test is due. If the test is not due or if a patient is under the age of 25 Years they may not be eligible for a Medicare rebate for routine cervical screening. If a patient does not hold a Medicare card or is not eligible for the rebate, there will be additional costs for pathology testing payable to the pathology company.

## Ultrasound Imaging:

In women over 40 years and requesting a levonorgestrel IUD (Mirena®) for management of heavy periods, it is essential to have a good quality gynaecological ultrasound prior to IUD insertion to exclude an underlying cause for the bleeding.

In women known to have fibroids or other abnormality in her pelvis, a formal ultrasound is essential prior to booking in for IUD insertion.

If a woman has a history of pelvic repair, large fibroids which distort the uterus, or any other pathology, we may refer her for a ultrasound guided procedure or hysteroscopy in another centre.

If a woman has "lost threads", an ultrasound is required to ensure the device is still in the uterus.