



Cascade Women's Health
PHYSICIANS AND SURGEONS

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Intrauterine Device (IUD) Patient Information

What is an IUD?

An intrauterine device is a soft plastic device shaped like a T and about 1 ½ inches long with a string attached. The IUD is placed in the uterus during a 15 minute office visit. There are currently two IUDs on the market, the Mirena and the Paragard.

Why an IUD?

Intrauterine devices are very effective at preventing pregnancy, with lower pregnancy rates than even birth control pills. They provide as good pregnancy prevention as tubal ligation at much lower cost and less risk. Only vasectomy and abstaining from sex altogether are more effective contraceptives. IUDs are effective immediately after being placed..

Aren't IUDs dangerous?

Many people still remember media reports from the late 1980s about the dangers of IUDs. At that time all IUDs were withdrawn from the market because of severe pelvic infections in young women. The problem was identified as a poor design of the string in one type of IUD, the Dalkon shield. When young women with Dalkon shields were exposed to sexually transmitted diseases such as chlamydia and gonorrhea, the infections were able to travel up the string causing infertility in some women. Since then, the IUDs have been redesigned. Also providers are careful not to use IUDs in women who may be at higher risk of exposure to sexually transmitted diseases. When used in women who are in a stable single partner relationship, IUDs have a much lower risk of developing dangerous infections. Other risks of IUDs such as perforation of the IUD through the wall of the uterus are quite rare.

How does an IUD work?

The IUD is placed in the uterus where it thickens the mucous in the cervix and the tube so that the sperm is less likely to join with the egg. The Paragard is also wrapped with copper, which kills sperm and may damage eggs. The Mirena is filled with the hormone, progesterone, which inhibits release of eggs. The progesterone in the Mirena also decreases blood loss and cramping during your period and prevents excessive growth of the uterine lining.

How is an IUD inserted?

The doctor or nurse practitioner will wash your cervix, usually with betadine, and insert a thin bendable measuring device through the cervical os or opening and into the uterus. This is to be sure the IUD can be placed successfully and safely. With a similar thin device the IUD is then placed into the uterus leaving the string so that it can be checked in the vagina. There is some discomfort and cramping with the procedure which last just a few minutes. There may also be some milder menstrual-like cramping for a day or two after the procedure. It is helpful to take up to 800mg of over-the-counter ibuprofen or 440mg of naprosen about an hour before insertion.

Will I feel it inside my uterus?

You shouldn't feel the IUD in your uterus. After the first few days, you can use tampons and have intercourse without disturbing your IUD. You should be able to feel the string of your IUD at the cervical opening if you move a finger deep in your vagina.

What side effects can I expect with an IUD?

Immediately following insertion there may be a few days of cramping and vaginal bleeding, sometimes as much as a period. Bleeding patterns and side effects vary somewhat with each type of IUD.

The Paragard is often associated with heavier longer flow and some increased cramping during periods. Sometimes IUD users will benefit from using over-the-counter ibuprofen for this. You get a small amount of copper systemically from a Paragard, but it is no more than dietary guidelines recommend.

The Mirena can cause irregular light periods for several months during the adjustment time. After that, most women have no bleeding at all. If you do continue to have bleeding, the cycles are usually quite light and short. The amount of progesterone in this IUD is low and is mostly confined to the uterus so systemic side effects are extremely rare. The most common systemic side-effects are breast tenderness and acne, although neither happen very often.

Occasionally, a partner complains that he can feel the string during intercourse and usually this can be solved with a visit to the office for re-trimming.

In some cases, the initial bleeding and cramping that is typical and expected after insertion does not go away or even becomes worse over time. Please call us if this happens. It could be that you have developed an infection or that your IUD needs to be removed in order for the symptoms to resolve. We also need to be certain that your bleeding and cramping is not the result of a pregnancy.

What happens if I get pregnant with an IUD in place?

Most pregnancies with IUDs in place occur because of an existing pregnancy at time of insertion. So be sure that you are using an effective contraception until your IUD is placed. If there is any chance that you could be pregnant at the time of your insertion, please discuss this possibility with your provider prior to insertion.

Once the IUD is in place, your chances of pregnancy are low. However, because these devices are so good at preventing pregnancy in the uterus, we worry that the pregnancy might be in a tube (an ectopic pregnancy). As soon as you suspect pregnancy, call for a test and advice. In the rare event there is an interuterine pregnancy, our advice is to remove the IUD. Although you will still be at risk of a miscarriage, removal of the IUD reduces this risk. A pregnancy with an IUD also places the fetus at risk of injury from the IUD.

How is an IUD removed?

Removal is quite simple and comfortable in most cases. The doctor or nurse practitioner will grasp the string with a forcep and gently pull the IUD out.

After removal of the Paragard, fertility is immediately restored. It takes longer to resume normal cycles with removal of the Mirena, but most women are ovulating again within three months and many sooner.