

Intrauterine device (IUD) insertion

Gynaecology

An intrauterine device (IUD) is a reliable method of contraception. There are two types of IUDs: the hormonal IUD and the copper IUD. Both are placed inside the uterus. This leaflet explains the different types of IUDs and how they work.

What is an IUD?

An IUD is a small T-shaped contraceptive device that is inserted into the uterus by a doctor. It is approximately 3 centimetres in size. There are two types of IUDs: the hormonal IUD and the copper IUD. Both provide long-term protection against pregnancy.

When is an IUD recommended?

An IUD may be recommended:

- to prevent pregnancy.
- if you experience heavy menstrual bleeding or painful periods.
- if you use oestrogen therapy for menopausal symptoms, to prevent the lining of the uterus (endometrium) from becoming too thick.

How does an IUD work?

Hormonal IUD

A hormonal IUD releases a small amount of the hormone levonorgestrel into the uterus. This causes the lining of the uterus to become thinner. Your body may need some time to adjust to this. During the first few months, you may experience irregular bleeding. This is often light bleeding, also known as spotting. During the first month after insertion, you may experience bleeding almost every day, which may make your period seem longer than usual. After a few months, the bleeding usually decreases. Many women experience only a few days of bleeding each month after three to six months. In some women, menstruation stops completely. A small number of women experience little or no bleeding from the beginning.

Copper IUD

A copper IUD does not contain any hormones. The IUD is wrapped with copper. The copper makes it more difficult for sperm cells to move and prevents a fertilised egg from implanting in the uterus. As a result, your natural menstrual cycle usually remains unchanged. During the first few months, your periods may be heavier or more painful. You may lose more blood than you are used to. This is normal and happens because your body needs time to adjust to the IUD. For most women, these symptoms become less noticeable after a few months.

When can an IUD be inserted?

We recommend inserting a hormonal IUD within seven days after the start of your menstrual period. You must not be pregnant. Therefore, use contraception during the month before insertion, such as condoms. If there is a possibility that you are pregnant, the IUD cannot be inserted.

A copper IUD can be inserted at any time during the menstrual cycle, provided pregnancy has been excluded. It can also be used as emergency contraception and may be inserted up to five days after unprotected sexual intercourse.

In some situations, a hormonal or copper IUD can be inserted immediately:

- When an existing IUD needs to be replaced. If you already have a hormonal IUD, a copper IUD can be inserted at any time. The reverse is not always possible.
- After a first-trimester surgical abortion.
- If you no longer have menstrual periods and use an IUD in combination with oestrogen therapy for menopausal symptoms, the IUD can be inserted at any time.
- After childbirth, it is recommended to wait six to eight weeks before an IUD is inserted.

If needed, we can also test for a chlamydia infection during the same appointment. The IUD can still be inserted as planned. You will receive the test result after approximately two weeks. If the result is positive, you will be prescribed a course of antibiotics. The IUD can remain in place.

Reliability

Hormonal IUD

If a hormonal IUD is inserted during your period or within seven days after your period starts, you are protected against pregnancy immediately. If it is inserted at another time in your cycle, you should use additional contraception, such as condoms, for the first seven days after insertion.

Several brands of hormonal IUDs are available. The most commonly used are Mirena® and Kyleena®. One of the differences between them is how long they provide protection against pregnancy.

- Mirena® provides contraception for up to 8 years. If used together with oestrogen therapy for menopausal symptoms, it should be replaced after 3 years. If used to treat heavy menstrual bleeding, it should be replaced every 5 years.
- Kyleena® provides contraception for up to 5 years.

Copper IUD

A copper IUD is effective immediately after insertion. No additional contraception is required. Different types of copper IUDs are available. Depending on the type, they provide reliable hormone-free contraception for between 5 and 10 years.

The procedure

IUD insertion usually takes only a few minutes. You may take pain medication one hour before the procedure, such as 1 tablet Naproxen 500 mg and 2 tablets Paracetamol 1,000 mg.

The doctor first inserts a speculum into the vagina. A second instrument is used to hold the uterus in the correct position. The length of the uterus is then measured using a thin instrument. The IUD is subsequently inserted. After insertion, an ultrasound scan is performed to confirm that the IUD is correctly positioned. If everything is normal, no further follow-up is required.

Possible side effects and complications

As with any medical treatment, side effects may occur. Immediately after insertion, you may feel dizzy and have some vaginal bleeding. Other possible side effects include:

- Hormonal IUD: during the first few months after insertion, you may experience irregular bleeding, headaches, abdominal pain and mood changes. Your breasts may feel tender or sensitive. These symptoms are usually mild and typically resolve on their own.
- Copper IUD: in the first few months after a copper IUD has been inserted, you may experience heavier menstrual bleeding. Your period may last one to two days longer, and you may have more menstrual cramps. These symptoms may be permanent, but they may also improve over time. This

varies from person to person. If you already have heavy menstrual bleeding, a copper IUD may make this worse.

When should you contact us?

We recommend contacting us if you:

- develop a fever above 38°C accompanied by increasing abdominal pain.
- have abnormal vaginal discharge.
- experience heavier bleeding than during a normal menstrual period.
- think you may be pregnant.
- have persistent lower abdominal pain.
- experience pain during sexual intercourse (or your partner does).
- can feel the stem or lower part of the IUD.

Resuscitation

All patients at DC Klinieken are resuscitated in emergency situations. Do you have a do-not-resuscitate declaration, or have you discussed with your doctor that you do not want to be resuscitated? In that case, it is crucial that you inform us about your preferences.

Emergency after visiting DC Klinieken

In case of an emergency, call: 088 0100 998.

Insurance

DC Klinieken has contracts with all health insurers. This means that almost all care is reimbursed, just like in the hospital. You do need a referral from your (general) doctor. Please be aware of your own deductible. More information about reimbursements and possible exceptions can be found at: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, go to: www.dcklinieken.nl/contact or contact our Service and Information Centre at 088 0100 900.