

# Mirena<sup>®</sup> intrauterine device



## Information for patients

This leaflet provides information about the Mirena<sup>®</sup> intrauterine device, including its uses, potential side effects and information about fitting and aftercare for the device. If you have any other questions or concerns, please do not hesitate to speak to your medical team.

## What is a Mirena® intrauterine device?

The Mirena® intrauterine device (IUD) (also known as an intra-uterine system (IUS) or hormonal coil) is a small plastic T-shape device containing the progesterone hormone levonorgestrel. A specialist inserts it into the uterus (womb) where it releases the hormone steadily over a five-year period or until it is removed.

There are a number of available hormonal IUD brands including Mirena®, Levosert®, Kyleena®, Benilexa®, and Jaydess®. These are all types of levonorgestrel-containing intrauterine devices. There are differences in their lifespan and hormone dose, meaning they have varied lengths of effectiveness and uses. This information is about Mirena® only.

It can be used:

- for contraception
- to treat heavy periods
- to protect the lining of the womb as part of hormone replacement therapy (HRT)
- to treat endometrial hyperplasia (overgrowth of the womb lining)
- for symptom control in endometriosis

## When used as contraception

- If inserted within seven days of the start of your period, the Mirena® gives you immediate protection against pregnancy. If inserted after this time another contraceptive method is needed until the next period occurs.
- It works by thickening the cervical mucus so that it is difficult for sperm to get through to the egg.
- In some women it stops the ovaries from releasing an egg.
- It keeps the lining of the womb too thin for implantation of a pregnancy.



- The IUD is more than 99% effective for eight years (specifically when used for contraception only). After this time a replacement will need to be inserted to keep its contraceptive effect.
- If it's inserted when you are age 45 or over, it will work as contraception for up to 10 years.
- Fertility returns to normal almost immediately after removal.
- You can use it if breastfeeding.
- An IUD does not protect you against sexually transmitted infections so you may need to use condoms as well.

### **When used as treatment for heavy periods**

- The Mirena® controls the monthly development of the lining of the womb, making it thinner so there is less bleeding every month.
- Long term, most women notice a marked reduction in their menstrual flow, and some find their periods stops completely.
- Two out of three women can avoid surgery such as hysterectomy.
- Period pains are often reduced.
- The Mirena® often helps with symptoms of premenstrual syndrome.
- Fibroids can occasionally shrink.

### **When used as hormone replacement therapy (HRT)**

- Your specialist may suggest you take oestrogen (another hormone) if you are experiencing symptoms of the menopause. You also need to take a progesterone like hormone to keep your womb lining thin, and the Mirena® can be used for this purpose.
- The IUD replaces progesterone, a hormone no longer produced by your body at the time of menopause.
- It also protects the lining of the womb from abnormal thickening which may rarely lead to cancer.
- Mirena® has a four-year license in the UK as the progestogen part



of HRT (given with oestrogen). However, studies have shown it is effective and can protect the lining of the uterus for up to five years as part of HRT. This is supported by national guidance. It is therefore common and safe practice to use it for five years as part of HRT (outside its manufacturer's licence period).

## What are the side effects?

- Erratic bleeding for the first three to six months, this includes spotting and prolonged lighter periods. After this time periods may stop totally – this may not be suitable for everyone.

Symptoms usually settle down after the first few months.

### Common side effects – less than 1 in 10 women

- ovarian cysts
- painful periods
- weight gain
- depression, nervousness
- headache, migraine, dizziness
- abdominal, pelvic or back pain
- nausea
- acne
- increased growth of hair on the face and body
- reduced sex drive
- increased vaginal discharge
- inflammation of the vulva and vagina
- tender, painful breasts

### Uncommon side effects – less than 1 in 100 women

- Infection
- swelling of your abdomen, legs or ankles
- hair loss



- itchy skin including eczema
- skin discolouration or increased skin pigment especially on the face (chloasma)

## How is it inserted?

The IUD will be inserted by your specialist, using the same instruments as when having a smear test during cervical screening.

The vagina is held open with a speculum. The IUD is inserted through the cervix and into the womb.

The appointment takes about 15 to 20 minutes, and the fitting of the IUD should take no longer than 5 minutes.

Having an IUD fitted can be uncomfortable. Some people might find it painful, but you can have a local anaesthetic to help. Discuss this with your specialist beforehand.

Let your specialist know if you feel any pain or discomfort while you are having the IUD fitted. You can ask to stop at any time.

You can experience period type cramps after having an IUD fitted. You can take painkillers if you need to.

## Risks at the time of insertion and afterwards

- **Bleeding:** some bleeding is common after the IUD is inserted.
- **Fainting and/or vomiting:** some women experience this when they have cramps or their cervix is opened. It is unpleasant but usually passes quickly.
- **Infection:** the specialist may take swabs at the time of insertion to test for infection and you will receive a letter approximately three weeks after your initial appointment with the results. If you



suffer with an offensive discharge after insertion, please make an appointment to see your GP. Occasionally your specialist will offer a dose of antibiotic to cover the insertion.

- **Perforation (damage to uterus):** this is extremely rare and your specialist will perform an ultrasound scan after insertion to ensure the IUD is in the correct place. If you experience excessive pain, it is important to inform a doctor or report to the nearest Emergency Department.
- **Expulsion:** there's a small chance that the IUD can fall out if there is heavy bleeding or clots after it is fitted, or it can slip into the cervix. If this happens, it's usually soon after it's been fitted.
- If you usually use a menstrual cup during your period there have been reports of potentially dislodging IUDs, so it is important to check the threads if you choose to continue to use a menstrual cup (see information below).

## How can I check that my IUD is in place?

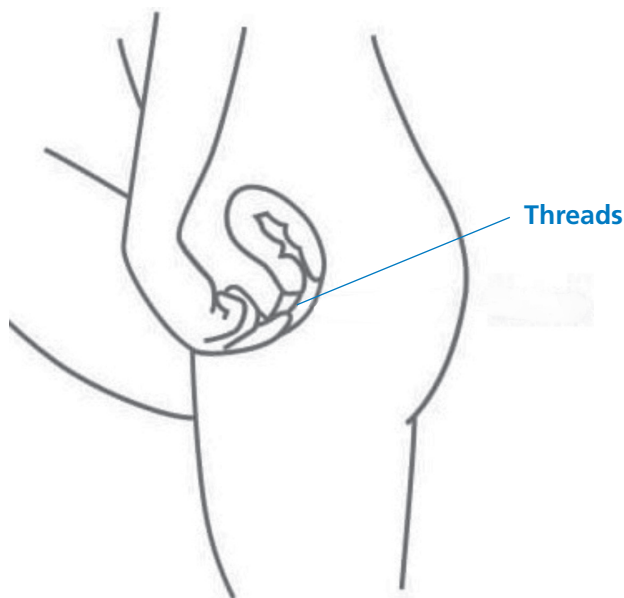
You will be advised to see your own GP about six weeks after insertion.

You can check your IUD yourself by feeling for the threads with your finger through the vagina. It is advised that you check monthly, this is particularly important after any heavy bleeding. Check your IUD is in place a few times in the first month and then after each period, or at regular intervals.

How to check your IUD threads:

- wash your hands with soap and water
- either sit or squat
- insert your index or middle finger into your vagina until you touch the cervix (which should feel firm like the tip of your nose)





If the IUD threads feel longer or shorter than the last time you checked, or you cannot feel them, it is possible that your IUD may have moved.

It's very unlikely that your IUD has come out, but if you cannot feel the threads or think it has moved, you may not be protected against pregnancy.

See your GP or nurse straight away and use additional contraception such as condoms, until your IUD has been checked.

## **Ectopic pregnancy**

The IUD has a very low failure rate, but if it fails and you become pregnant, it may be an ectopic pregnancy (pregnancy outside the womb). It is important that you seek medical advice if you think you are pregnant.



## How long does it last?

The IUD can last for eight years. If your initial symptoms reoccur, or if you are using it as a contraceptive, your specialist may suggest you replace it within a shorter length of time.

## How is it removed?

The IUD can be removed quickly and easily by your GP or a trained professional.

## Is the IUD suitable for me?

Your specialist will ask you specific questions to assess this. It is very important that you inform them about any:

- medication you may be taking
- illnesses you have had
- operations you have had

## Who can I contact?

If you feel at all unwell after the insertion of the IUD email us at [kch-tr.helplinepu@nhs.net](mailto:kch-tr.helplinepu@nhs.net) or call:

### **Early Pregnancy and Gynaecology Scanning Unit:**

020 3299 7273 (Monday to Friday: 9am to 4.30pm, weekends and bank holidays: 9am to 12.30pm)

**Women's Surgical Unit:** 020 3299 5936 (outside of Early Pregnancy and Gynaecology Scanning Unit opening hours).

In severe cases, please attend your nearest Emergency Department.





## MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on **020 3299 4618** or email **kings.mychart@nhs.net**. Visit **www.kch.nhs.uk/mychart** to find out more.

## Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit **www.kch.nhs.uk**.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: **[kings.pals@nhs.net](mailto:kings.pals@nhs.net)**

**If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email [kings.access@nhs.net](mailto:kings.access@nhs.net)**



## Notes



