



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Inserting a Mirena Intrauterine System

Information for patients, relatives and carers

① For more information, please contact our main switchboard and ask for your consultant:

Tel: 01904 631313

You can also write to your consultant at the hospital you were treated at

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This booklet is supplied by your doctor, nurse or clinic to answer the main questions you may have on the hormonal intrauterine system (IUS)

If you have any other questions or are not sure about anything, please ask your doctor, nurse or clinic.

What is it?

The IUS is an effective long term and reversible method of contraception. It is also used to treat period problems such as heavy bleeding and pain associated with endometriosis. It can be used as part of hormone replacement therapy (HRT) or treatment of overgrowth of the womb lining following the menopause.

It consists of a small, plastic T-shaped frame, which is inserted into the womb. This carries the hormone in a sleeve around its stem, and has two fine threads attached at the base. The hormone is released gradually into the womb (uterus). The rate of release is controlled by a special covering on the hormone sleeve.

The hormone (progestogen) is identical to one of the hormones found in contraceptive pills and similar to natural progesterone our own bodies produce.

How does it work?

- Keeps the lining of the womb thin
- Thickens the normal mucus in the cervix (opening of the womb) so that the sperm cannot get through to fertilise the egg
- Direct effects on the lining of the womb caused by the T-shaped frame

How effective (reliable) is it for contraception?

The IUS is a very reliable method of contraception. Studies have shown that if 1000 women use the IUS for one year, no more than two become pregnant. This is similar to sterilisation. You are protected from pregnancy seven days after the IUS is fitted. If it was fitted in the first seven days from the start of your period then you are protected straight away.

Other uses for the Mirena IUS

There are some situations where your doctor may recommend the Mirena IUS to treat other gynaecological conditions. These might include but are not limited to: Endometriosis, Endometrial Hyperplasia, Endometrial Cancer not suitable for surgery or radiotherapy."

How effective is it for period problems?

The IUS is very effective for most users. There is strong scientific evidence that it greatly reduces the monthly blood loss in nine out of 10 women users. The reduction of blood loss is gradual with more benefit as time goes on, up to one year. Many health specialists believe that the IUS provides an important alternative to surgery.

If you suffer with period pains the IUS will ease this pain in eight out of 10 women users in addition to reducing the blood loss.

Can any woman use it?

Most women can use the IUS. As with all medicines it will not be suitable for everyone. If you have heavy periods other causes, such as polyps, may need to be ruled out prior to fitting the IUS. If you are breast feeding the IUS may be a suitable contraception. You can discuss these issues with your doctor.

For how long does it work?

If used for contraception the IUS is effective for five years, greater if you are over 45 years old when it is fitted. For period problems the IUS is effective for about four to five years. If fitted for postmenopausal conditions or HRT then national bodies supports the usage of Mirena for 5 years when used for endometrial protection along with HRT but is outside the product license.

What if I want a baby?

If you want to become pregnant, ask your doctor to remove the IUS. Your usual level of fertility will return very quickly after the IUS is removed. Some women have become pregnant in the first month after removal.

How is it fitted?

Only a doctor or specially trained nurses can fit the IUS. It will be fitted into the womb through the vagina using a tube that looks like a long thin straw, which is then removed. The threads pass from the IUS through the neck of the womb (the cervix) into the vagina. They are cut about 2 to 3cms in length.

You will be asked to sign a consent form (reference FYCON17-1 Inserting a Mirena Intrauterine System) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your Patient Notes and you will also be given a copy for your own records.

If you are having an operation under a general anaesthetic then you will also be given a leaflet about anaesthetics and their possible side effects.

Will it hurt?

Most women find that fitting causes only a little discomfort. However for some it might be uncomfortable. You might wish to discuss the need for painkillers or local anaesthetic with your doctor. Afterwards you might feel some cramping, like a period pain. This usually disappears after two to three days.

When is it fitted?

The IUS can be fitted throughout your period cycle but if it is needed for contraception then it is usually fitted during your period or with seven days from the beginning of your period. If you already have an IUS or other type of intrauterine device and it is time to replace it with a new one, you do not need to wait until your period. After having a baby the IUS can be fitted from four weeks after delivery.

How long does the fitting take?

Preparations for fitting usually take about five minutes but the actual fitting of the IUS only takes a few seconds.

Can I change my mind?

Yes, you can ask your doctor to remove the IUS at any time. The removal is easy. Unless you plan to have a new IUS or an intrauterine device fitted immediately, it is important to use another reliable method of contraception in the week leading up to the removal. Sex during this week could lead to pregnancy after the IUS is removed.

Can I become pregnant with the IUS in place?

It is very rare for women to become pregnant whilst using the IUS. However if you think you have become pregnant with the system in place you should see your doctor as soon as possible. If you do not have it removed you might increase the chance of miscarriage or infection. There is also an increased risk of ectopic pregnancy. You will need to discuss this with your doctor to decide whether or not you wish to continue with the pregnancy. If you have not had a period for six weeks and are concerned, then consider having a pregnancy test. If this is negative there is no need to carry out another test, unless you have other signs of pregnancy e.g. sickness, tiredness or breast tenderness.

Can it get dislodged or fall out?

Around one in 20 women experience the IUS coming out either completely or partially. This is usually in the first year of use. If it has come out you are not protected against pregnancy and your periods may return to what they were like prior to having the IUS fitted. If you think it has come out, use another reliable method of contraception until you see your doctor.

How can I check to see if it's in place?

After each period or about once a month, you can feel for two fine threads. Your doctor or nurse will show you how to do this. If you cannot feel the threads go to your doctor and in the meantime use another reliable method of contraception. You should go to your doctor if you can feel the lower end of the IUS itself or you or your partner feels discomfort during sexual intercourse.

Will my partner feel the threads?

It is possible for your partner to feel the ends of the threads but most do not notice any difference. If this causes discomfort your doctor can adjust the threads for you.

What happens to my periods?

The IUS will affect your periods. Many women have spotting (a small amount of blood loss) or light bleeding in addition to their periods for the first three to six months after the IUS is fitted. Some women may have heavier bleeding over this time. Overall you are likely to have a gradual reduction in the amount of blood lost each month or the periods stop all together. Panty liners should be all that is required for protection during the first week after fitting, after this tampons may be used if needed.

Isn't it abnormal not to have periods?

Not at all. If you find that you do not have periods with the IUS it is because of the effect of the hormone on the lining of the womb. The monthly thickening of the lining with blood does not happen. Therefore there is no blood to come away as a period. It does not mean you have reached the menopause. Your own hormone levels remain normal.

How will I know if I've reached the menopause?

Apart from changes in their bleeding patterns, the majority of women have noticeable signs when they reach the menopause such as flushing or unusual sweating. If you think you have reached the menopause discuss this with your doctor.

Will I put on weight?

The IUS should not cause any change in your weight. Studies have shown that women using the IUS have not changed their weight any more than women not using it.

How often should I see my doctor?

This can vary, your doctor will decide on the appropriate follow up for you.

Further information

www.fpa.org.uk (Accessed April 2021)

www.nhs.uk/conditions/Periods-heavy/Pages/Introduction.aspx
(Accessed April 2021)

What are the benefits of having an IUS fitted?

The benefits of having an IUS fitted are to provide effective contraception for five years and treat period problems for four to five years.

What about the side effects?

The level of hormone in the women's blood stream is much lower than with the pill, so that side effects such as tender breast, headaches or acne are less likely. If they occur they should go away after a few months.

Alternatives (see separate leaflets for details)

There are other methods of contraception such as the pill or implants. To control periods various tablets can be used or surgical options such as endometrial ablation and hysterectomy.

What are the risks of having an IUS fitted?

Some risks have already been mentioned including risk of pregnancy, pain, the IUS coming dislodged or falling out and a change in periods.

Other risks include infection and bleeding after the device is fitted. Most cases of infection can be treated with a simple course of antibiotics but the IUS may have to be removed. Very rarely these infections can cause problems with your fertility in the future.

Ovarian cysts can develop which usually resolve without the need for treatment.

In very rare circumstances, the uterus can be perforated (making a small hole) by the IUS (1 in 500), an operation (Laparoscopy) would then be required to remove the IUS. This can occur at the time the IUS is fitted or the IUS can migrate through the wall of the womb at a later stage.

There is a very rare risk of death from an IUS fitting. This could be due to a severe allergic reaction to the local anaesthetic gel or to the IUS itself or due to the general anaesthetic that would be used if a laparoscopy were needed to remove an IUS that has perforated the uterus.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Miss C Oxby, Consultant Gynaecologist and
Obstetrician, Obstetrics and Gynaecology,
The York Hospital, Wigginton Road, York, YO31 8HE or
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Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

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