

intrauterine system (IUS)



THE IUS

The letters IUS stand for Intrauterine System. This means it is placed inside a woman's uterus (womb). The IUS is a small, T-shaped plastic device, which releases the hormone progestogen into the cavity of the womb.

There is only one IUS available at this time – it is called Mirena and is effective for five years but can be removed at any time.

HOW DOES IT WORK?

The IUS makes the lining of your womb thinner so it is less likely to accept a fertilised egg.

It also thickens the mucus from your cervix making it difficult for sperm to move through it and reach an egg.

In some women it stops the ovaries releasing an egg (ovulation), but most women who use an IUS ovulate.

HOW EFFECTIVE IS IT?

The IUS is over 99% effective, with some studies showing a rate of 1 pregnancy per year for every 2,000 women using this method of contraception. This makes it more reliable than female sterilisation. All long-acting methods are very effective because while they are being used you do not have to remember to take or use contraception.

WHERE DO YOU GET AN IUS?

This method of contraception requires a prescription from your family doctor or family planning clinic. It is available on the GMS (Medical Card Scheme).

WHAT ARE THE ADVANTAGES?

- » It is effective for 5 years.
- » May be useful for women who experience very heavy or painful periods.
- » Does not affect breastfeeding.
- » Does not interrupt sex.
- » It works as soon as it is in place.
- » Rapid return of fertility after removal.

WHAT ARE THE DISADVANTAGES?

- » Your periods may change in a way that is not acceptable to you.
- » Can cause hormonal side-effects such as headaches, acne or breast tenderness.
- » There is a very low risk of developing a pelvic inflammatory disease following insertion.
- » Must be inserted and removed by a medical professional.
- » Does not prevent Sexually Transmitted Infections.
- » Some women develop small fluid-filled cysts on their ovaries. These are not dangerous and do not usually need to be treated. Often there are no symptoms, but some women may have pelvic pain. These cysts usually disappear without treatment.

WHO IS IT SUITABLE FOR?

Many women like the IUS because it does not interrupt intercourse and it works as soon as it is in place. The method is most suitable for women who have had children and for older women who may be advised to stop the pill.

However not everyone can use an IUS and your doctor or nurse will need to ask you about your own and your family's medical history. Do mention any illnesses or operations you have had.

Some of the conditions which may mean you should not use an IUS are:

- » If you think you might already be pregnant.
 - You have now or have had in the past:
 - » Cancer of the womb or ovary.
 - » Active liver disease.
 - » Unexplained bleeding from your vagina (for example between periods or after sex).
 - » A heart attack or stroke (severe arterial disease).
 - » An unrelated sexually transmitted infection.
 - » An artificial heart valve – this will require specialist advice.
 - » Any problems with your womb or cervix.

INTRAUTERINE SYSTEM (IUS) CONTD.

WHEN AND HOW IS IT FITTED?

The IUS is fitted during your period to ensure you are not already pregnant and when the cervix is slightly open. You will be examined internally to find the position, shape and size of your womb before insertion through the cervix. It can be uncomfortable having an IUS fitted and you will be given a painkiller to take before insertion. You may get a period-type pain and some bleeding for a few days after the IUS is fitted.

You will have a check-up about six weeks after fitting and then at least once a year.

WHEN AND HOW IS IT REMOVED?

A trained doctor or nurse can take out the IUS at any time. If you are not going to have another IUS put in, and you don't want to become pregnant, you will need to use an extra contraceptive method, such as condoms, for seven days before the IUS is taken out.

This is because a fertilised egg could implant after the IUS is removed. Your usual period and fertility returns quickly after removing the IUS.

CAN IT FALL OUT?

Very rarely, the womb can push the IUS out (expulsion). This is most likely soon after insertion and you may not know it has happened so the use of an additional method of contraception until after your check-up is advised.

You can check to see if your IUS is still in place by putting your finger in the vagina and feeling the threads coming through the cervix. The best time to do this is regularly in the first month and then after each period if you have one. If you cannot feel the threads or if you feel a hard end rather like a matchstick, you should see your doctor straight away. If your partner says he can feel the threads and it is uncomfortable during intercourse you should have them checked. They may need trimming or the IUS may be coming out.

ARE THERE ANY RISKS?

- » It is not common, but there is a risk that an IUS might go through (perforate) your womb or cervix when it is put in. This may cause pain, but often there are no symptoms. If this happens, the IUS may have to be removed by surgery. The risk of perforation is low when an IUS is fitted by an experienced doctor or nurse
- » If you get an infection when an IUS is in place it could lead to a pelvic infection. The warning signs of pelvic infection are pain during or after intercourse, pain in your lower abdomen or unusual vaginal discharge, especially if you have a fever. Infection can be easily treated, but if left it can be serious and can lead to infertility. See your doctor.
- » Sexually transmitted infections are a major cause of pelvic infection. If there is a chance you have an STI you should get checked and treated before your IUS is inserted.

WHAT ABOUT ANTIBIOTICS?

As the hormone is released directly into the womb, other medicines do not interfere with the effectiveness of the IUS, but make sure you tell your doctor you are using this, or any form of hormonal contraception before starting treatments.

CAN I USE TAMPONS?

Yes, you can use either tampons or towels with an IUS fitted.

PREGNANCY AND THE IUS

IF I BECOME PREGNANT

The IUS is a highly effective method of contraception; it is unlikely that you are pregnant. If you do get pregnant, your doctor will need to take out the IUS whether or not you wish to continue with the pregnancy.

If you get pregnant there is always the possibility of this being an ectopic pregnancy. This is when a fertilised egg settles outside the womb, usually in a fallopian tube, and starts to grow. This is rare but serious. Consult your doctor straight away if you have any sudden lower abdominal pain or feel you may be pregnant.

AFTER CHILDBIRTH

An IUS is usually put in from eight to twelve weeks after a vaginal or caesarean birth. You will need to use another method of contraception from three weeks after the birth until the IUS is put in. An IUS can be used safely while you are breastfeeding and will not affect your milk supply.

AFTER AN ABORTION OR MISCARRIAGE

An IUS can be put in immediately after a miscarriage or abortion if you were pregnant for less than 24 weeks. If you had a medical abortion (using pills) an IUS should be fitted in the first two days after the abortion is complete otherwise you will need to wait for four weeks. If it is not fitted immediately, you will need to use another method of contraception until the IUS is put in.

TO MAKE AN APPOINTMENT AT AN IFPA MEDICAL CENTRE OR FIND OUT MORE ABOUT OUR SERVICES PLEASE CALL:

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THE IFPA ALSO OPERATES A NATIONAL INFORMATION SERVICE PROVIDING EDUCATIONAL RESOURCES AND DETAILS OF STI AND CONTRACEPTIVE SERVICES IN YOUR AREA.

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DON'T FORGET – THIS LEAFLET CAN ONLY OUTLINE BASIC INFORMATION ON THE IUS. INFORMATION IS BASED ON EVIDENCE AND MEDICAL OPINION AT THE TIME OF PUBLICATION HOWEVER YOU MAY COME ACROSS CONFLICTING ADVICE ON CERTAIN POINTS. RING OR VISIT YOUR DOCTOR IF YOU ARE WORRIED OR UNSURE ABOUT ANYTHING.