



Information about the Coil

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IUCD- copper coil

This is non- hormonal T shaped plastic and copper structure that sits within the uterus. The copper makes it difficult for the sperm to fertilise the egg, stops the sperm from getting through the cervical mucus and makes the womb lining less likely to allow the egg to implant.

The contraceptive effect is immediate and it is very effective- only 1-2 women out of every 100 using the IUD over 5 years will become pregnant. It can be used as emergency contraception up to 5 days after you have had unprotected sex.

The 5 year coil has a smaller frame and less copper than the 10 year coil so it will have less of an effect on the heaviness of your periods and is more suitable for some women with a smaller uterus. If your coil is inserted over the age of 40, you can keep using it until you are 55.

IUS- the Mirena or Kyleena

This is the hormonal coil, which slowly releases Levonorgestrel, a progestogen. It works by thinning the lining of the womb and thickening the cervical mucous to prevent sperm from entering the womb. If it is inserted on D 1-7 of your cycle (day 1 is the first day of your period), then it is effective immediately, at any other time, it takes 7 days to be effective so use alternative methods (ie condoms) or continue with your current method of contraception for 7 days.

The **Mirena IUS** - (52 mg LNG) Can be used for 8 years for contraception, and 5 years for treatment of heavy menstrual bleeding or for endometrial protection. If you are 45 or over at the time of insertion of a Mirena IUS, you can continue to use it for contraception until the age of 55. If your Mirena is being used for endometrial protection / HRT it should be replaced after 5 years.

The **Kyleena IUS**- (19.5 mg LNG) Much lower dose of hormone and smaller frame compared to the Mirena. Can be used for 5 years for contraception. This is useful for women who want an IUD for contraception but have slightly heavier periods that could get heavier with a copper coil.

You can take paracetamol or ibuprofen 1 hour prior to your appointment to help with pain relief. It is best to be hydrated and have a light meal prior to your appointment.

You are welcome to bring a friend or partner for support. Some women use distractions such as listening to music or breathing exercises to help remain calm and relax the muscles during the procedure.

Coil Insertion

Prior to inserting a coil, you will have a consultation to determine if it is suitable for you. The device can be fitted during the same appointment if suitable.

A coil cannot be inserted if there is a risk you might be pregnant at the time. A pregnancy test may be carried out prior to your coil insertion if required.

Make sure you have no risk of pregnancy:

1. If you already have an IUD in place, use additional contraception or avoid sex in the week before your appointment.
2. If you have recently been pregnant, use effective contraception even if your periods have not started again or are not regular.
3. If you are not using reliable contraception, do not to have unprotected sex between your last period and your appointment at the clinic
4. If you are not having regular periods, use contraception or avoid sex for 3 weeks prior to your appointment. A pregnancy test can be done prior to the Coil insertion.

You will have a pelvic examination prior to insertion of the coil. Local anaesthetic is used- there are different types available at the clinic- a gel, a spray and an injection.

The coil threads are trimmed to about 2-3 cm so you will be able to self check the threads.

You may experience some cramp and bleeding for a few days after insertion.

It is advisable to self check the threads within 4-6 weeks of your coil insertion then at regular intervals, after your period.

If you are unable to feel your coil threads, use additional contraceptive methods until you can be seen as it may be a sign of expulsion or perforation. You may need to consider emergency contraception if there is uncertainty about where the coil is.

Coils do not protect against sexually transmitted infections.

Coil Removal or replacement

There is a pregnancy risk if there has been unprotected sex in the 7 days prior to a coil removal or replacement, so it is advisable to **use additional contraception (ie condoms) or avoid sex in the 7 days before your appointment.**

Most coil removals are fairly quick with minimal discomfort.

Removal of a coil can be more difficult if the threads of the coil are not visible. You may require an ultrasound to see where the coil is located. You may also require local anaesthetic during the removal. Rarely, it may not be possible to remove the coil and you may need to be referred for a hospital procedure.

You may experience some spotting or bleeding after the coil removal.

Side effects

During insertion or removal, you may feel pain, dizziness or experience bleeding.

Sometimes a coil insertion/ removal may take longer if the threads are not visible or there are other issues such as cervical spasm. Please ask for additional local anaesthetic if you feel you need it. Very rarely, the coil cannot be inserted/ removed.

IUCD- During the first few months after an IUCD insertion, there may be some bleeding or spotting between periods as well as some cramp- this usually settles within 3-6 months. Your period may be heavier and longer.

IUS- The common side effects seen with the IUS are acne, breast tenderness, headache and irregular bleeding. The side effects tend to settle with time. Most women find that after a few months, bleeding becomes lighter and after 1 year most women have infrequent or no bleeding.

Women who experience recurrent thrush or bacterial vaginosis may want to consider alternative methods of contraception.

Risks of using a coil

- **Infection-** (<1%) The highest risk is in the first 3 weeks after insertion. It may be associated with a sexually transmitted infection. If you think you may be at risk of having a sexually transmitted infection, you could consider having tests done prior to having a coil inserted. Pelvic inflammatory disease after a coil insertion affects 1.6 in 1000 women.
- **Expulsion-** about 1 in 20, highest in the first 3 months and in the first year after insertion. This is more common if you have fibroids or very heavy bleeding.
- **Perforation** of the uterus or cervix- about 2 per 1000. The risk is around 6 times higher if you are breastfeeding or have recently given birth- you should wait at least 4 weeks after delivery before having a coil inserted.
- Ovarian cysts may occur in some women using the IUS, most cysts are asymptomatic and resolve by themselves.
- **Pregnancy-** very low risk. The failure rate after 1 year is 0.8% with a copper coil and 0.2 % with a hormonal coil (compared to 9% for women on the combined contraceptive pill)
- If a pregnancy does occur with an IUD in place, there is a 6% chance that it is an ectopic pregnancy.
- **Cervical shock-** bradycardia (low heart rate) 1.8 %, hypotension (low blood pressure) 2.1 %

Seek medical assistance if there is concern of pelvic infection, pelvic pain, abnormal bleeding, a missed period and a positive pregnancy test, and if you can't feel the threads, the threads feel longer than usual or if you can feel the stem of the coil.

Benefits of using a coil

- Long lasting contraception
- Very effective at preventing pregnancy.
- The IUS (hormonal coil) can make your periods lighter and decrease painful periods, and pain associated with endometriosis and adenomyosis. It can reduce the risk of endometrial cancer
- The IUCD may reduce the risk of cervical and endometrial cancer.

Do not use a coil

If you are pregnant or may be pregnant.

If you are within 4 weeks of having a baby.

If there is an infection in the womb or pelvis

If you have any undiagnosed abnormal bleeding

If you have an untreated gynaecological cancer.

If you have Wilsons disease (copper coil)

If you are allergic to any of the component of the IUCD/ IUS

If you have certain cardiac conditions, or are on long term steroids, it is recommended that you have your coil inserted in a hospital setting not in an outpatient setting such as this clinic.

More information on IUCD and IUS can be found on

Sexual Health Scotland- sexualhealthscotland.co.uk

NHS Inform- nhsinform.scot

www.nhs.uk