



January 25, 2010

Dear Health Care Provider,

We are pleased to offer IUD insertion for women interested in this form of contraception. Initially, the IUD Insertion Clinic will operate on the last Friday afternoon of every month starting on February 26, 2010 at the IWK Health Centre, Women's Site, 6<sup>th</sup> Floor.

Referrals can be faxed to **470-7061**.

We ask that you conduct the preliminary work-up in your office before referral. If you send complete documentation with your patient **including the "IUD Checklist"**, they will in most circumstances have their IUD inserted immediately. Please forward the referral with test results confirming a normal pap smear and negative cervical swabs (for chlamydia and gonorrhea). Please give your patient a prescription for the IUD so that they can bring the device to their appointment. Patients will have a urine HCG done at the IUD Clinic prior to IUD is inserted

The IUD Insertion Clinic is a teaching clinic. We plan to train 2-3 physicians per month (these include Gynecology and Family Medicine residents, community-based family physicians and nurse practitioners). We anticipate that each attendee will be able to do at least 3 preceptored IUD insertions. Bayer Healthcare will provide financial support for the training of family physicians in IUD insertion. This will allow us to make the Mirena available to a small number of financially challenged women.

Included with this letter is a summary of key counselling points for women considering an IUD, as well as premedication recommendations. All women should be advised to take NSAIDS (i.e. Ibuprofen 800mg) one hour prior to their appointment for IUD insertion. Nulliparous women and those who have had previous elective caesarian sections may benefit from intravaginal Misoprostol (along with oral NSAIDS and Gravol for Misoprostol-related side effects) to prepare the cervix for easier insertion.

We hope that this will ensure timely access to IUD insertion for your patients. Thank you for your support.

Sincerely yours,

Dr. Carolyn Thomson  
Chief, Department of Family Medicine

Dr. David Rittenberg  
Division Head, Obstetrics & Gynecology



## **IUD Counseling Points**

### **Levonogestrel IUS (Mirena)**

- Mirena is a polyethylene T-shaped device with a progestin (levonorgestrel) contained within the stem. The medication is slowly released over time. It prevents pregnancy by altering the endometrium, changing the cervical mucus and possibly inhibiting ovulation.
- One of the side effects of the levonogestrel is thinning of the endometrial lining over time. At one year, 15-50% of women are amenorrheic.
- Due to the progestogenic effect on the endometrium, women who do continue to have periods have significantly decreased blood loss and less cramping than without the IUS.
- Its failure rate is 0.09/100 Women Years (the lowest of all contraceptive methods) and ectopic pregnancy rate is 0.02/100 WY
- The risks of perforation (at insertion), infection (within one month), and expulsion are the same as the Nova T.
- There are few hormonal side effects due to the low circulating concentration of levonogestrel. The most common ones are breast tenderness, acne, and headache which tend to be most noticeable in the first two to three months of use.

### **Nova T**

- Nova T is a plastic and copper IUD that prevents pregnancy by changing the environment of the endometrial cavity and altering sperm function.
- There are no hormones involved.
- It's presence will not alter the timing of your menstrual cycles, but may make your period slightly heavier and more crampy, especially within the first 3-4 months. NSAIDS can help to control this.
- It is a very reliable method of contraception, with a failure rate of 1.26 per 100 women-years (WY) and an ectopic pregnancy rate of 0.25 per 100 WY. It is good for 5 years.
- Risks include: perforation (1/1000), infection (1/100) primarily in the first three weeks after insertion, expulsion (2-10%), and failure.
- If a patient becomes pregnant with any IUD in place, the risk of the pregnancy being in an ectopic location is 15-20%.
- Side effects include:
  1. Increased bleeding or spotting, especially in the first three months after insertion. Bleeding averages 13 days in the first month and decreases to 6 days per month at one year.
  2. Pain or dysmenorrhea, again primarily in the first three months after insertion. This is often treated satisfactorily with NSAIDS. Up to 6% of patients will discontinue an IUD within one year due to pain.



## **Pre-procedure Medications for IUD Insertion**

Most women having an IUD inserted will benefit from pre-procedure treatment with a NSAID such as Motrin ® or Advil ®

Unless contraindicated, patients wishing an IUD should be pre-treated two hours before their appointment with 400 mcg of misoprostol intravaginally to soften the cervix and simplify IUD insertion.

As this may cause cramps and nausea it should usually be accompanied by 400 mg of ibuprofen orally and dimenhydrinate 50 mg orally if necessary.

*Jan. 25, 2010*

# IUD Insertion Clinic Checklist

**\*\*Must be completed by referring MD\*\***

Please note that this is an insertion clinic only and all listed requirements must be completed prior to patient's appointment. Please inform your patient that this is a teaching clinic and learners will be present for the entire appointment.

- ❑ Patient has been counselled regarding insertion, safety of Mirena or Nova T, and all risks involved. Insertion procedure and management will be reviewed the day of the appointment.
- ❑ Chlamydia and gonorrhea swabs completed and results attached.
- ❑ Pap smear completed. Pap smears will not be performed, as results cannot be followed in clinic.
- ❑ If reason for IUD insertion is menorrhagia, appropriate work up is to be completed and attached (blood work, ultrasound, endometrial biopsy). Should results not be attached insertion will not occur. Work up and management post insertion is to be completed by referring physician.
- ❑ Patients who are nulliparous or have only had caesarean sections require a prescription for Misoprostol 200 mcg with instructions to insert vaginally the morning of the appointment. Patients who have had previous spontaneous vaginal deliveries do not require misoprostol.
- ❑ It is **recommended** that patients have a drive home as many patients have a vasovagal response and are unable to drive safely.