

## THE INTRAUTERINE DEVICE

### WHAT IS IT AND HOW DOES IT WORK?

The IUD (Intrauterine device, Loop or Coil) is a small plastic or plastic and copper object which is placed in the uterus via the vagina. The IUD has a string attached to it for removal. About 2-3 cms of string is present in the vagina but neither the IUD nor the string can be felt by the woman or the partner.

IUDs come in different types and sizes. Those most commonly used IUD in Australia is the Multiload and it lasts for 5 years. IUDs prevent pregnancy by stopping a fertilised egg from attaching to the uterus by causing chemical changes to the lining of the uterus. Since this lining comes away when you menstruate this is not harmful.

### CAN ANYONE USE ONE?

Examination and consultation beforehand is to make sure that you are suitable for an IUD. In general, women with heavy, painful periods find these problems are aggravated by using an IUD, and women who have never had children may be better off using another method of contraception because of increased period pain or the hormone (progestogen) releasing IUD ("Mirena") which reduces pain and bleeding.

### WHEN AND HOW IS AN IUD INSERTED?

When - between the first day of your period and around ovulation time (day 1 -17), to avoid the risk that you are already pregnant when the IUD is inserted.

How - the insertion of an IUD does not require general anaesthesia although local anaesthesia may occasionally be necessary. An internal examination determines the size and position of your uterus before the IUD is inserted in a procedure that takes about 5 minutes. Some people have a cramp similar to period pain during the insertion but this usually wears off quickly.

### WHAT TO DO AFTER THE IUD IS INSERTED

Check-ups - you need a check-up after your next period, and then one doctor's visit each year which can coincide with your annual pap smear.

Learn to check the string - this tells you that the IUD is still in place and hasn't been dislodged from the uterus, perhaps during a period. Most pregnancies that occur in women using IUDs are due to unnoticed expulsion, although the chance of a pregnancy is less than four in a hundred. To feel the string place two fingers deep into the vagina and feel for the firm cervix. The string should come through the cervix which lies around it. If you can't feel it (and it can be hard to find), come back for a check-up, and use another contraception till then. You should check the string once a month after your period. Most find this convenient to do in the shower.

IUD removal - never attempt this yourself. Copper IUDs should be removed and replaced every five years.

### HOW WELL DO IUDs WORK?

IUDs are 94-96 percent effective. If you do become pregnant with the IUD and you wish to continue with the pregnancy, the IUD should be removed otherwise you will have a 50/50 chance of a miscarriage that can be very dangerous in late pregnancy. With the IUD removed your risk of miscarriage is halved. If you miss a period, see your doctor immediately.

### WHAT ARE THE SIDE EFFECTS?

Heavier bleeding and cramping for the first few months, usually improving with time. Treat the same as normal period pain. Periods may be longer too, with spotting a few days before and after.

Risk of pelvic infection - symptoms are lower abdominal pain, pain on intercourse, raised temperature, unusual vaginal discharge. See your doctor immediately if you have any of these symptoms. Because pelvic infections may lead to infertility, it is important that a woman with an IUD be careful about protecting herself from sexually transmitted infections.

Perforation - in a small number of cases (between 0 and 1.2 per 1,000 users) the IUD may perforate the wall of the uterus and may require operation. The risk is reduced with an experienced doctor.

There is also a very small risk of ectopic pregnancy (pregnancy in the fallopian tube). This requires treatment immediately because it is a dangerous condition.