Fitting of an Intrauterine Device (IUD)

What is an IUD?

An IUD is a small T-shaped plastic and copper device that is put into the womb by a trained doctor to prevent pregnancy. The IUD can stay in place for five to ten years depending on the type. If you are aged 40 or older when the IUD is fitted it can be left in until the menopause or until contraception is no longer needed.

An IUD is also effective as emergency contraception and can be fitted in the womb up to five days (120 hours) after unprotected sex or within five days of the earliest time you could have released an egg.

How effective is an IUD?

The IUD is over 99 per cent effective. Fewer than two women in every 100 women who use the IUD will get pregnant over five years.

When will the IUD start to work?

The IUD can be fitted any time in your menstrual cycle if it is certain that you are not pregnant. It will be effective immediately.

How does an IUD work?

• It stops sperm reaching an egg by preventing sperm from surviving in the cervix, womb or fallopian tube.
• It may also work by stopping a fertilised egg from implanting in the womb. An IUD does not cause an abortion.

What are the advantages of an IUD?

• It works as soon as it is put in.
• It works for five to ten years depending on the type.
• It doesn’t interrupt sex.
• It can safely be used if you are breastfeeding.
• Your fertility will return to normal when the IUD is removed.
• It is useful if you suffer hormone related side effects with other methods.
• The IUD is not affected by other medicines.

What are the disadvantages of an IUD?

• Your periods may be heavier, longer or more painful. This may improve after a few months.
• An IUD doesn’t protect you against sexually acquired infections, so you may need to use condoms as well.
  If you get an infection when the IUD is in place this could lead to pelvic infection if this is not treated.

Are there any risks or complications?

IUD insertion is usually a straightforward procedure but there are risks, including:

Infection: There is a small risk of you getting an infection during the first 20 days after an IUD is put in. You may be advised to have a check for any possible existing infection before an IUD is fitted. Sometimes, if the IUD is being used as emergency contraception, you may be given antibiotics at the same time as the IUD is fitted.

Expulsion: The IUD can be pushed out by your uterus (expulsion) or it can move (displacement). This occurs in around 1 in 20 fittings. This is more likely to happen soon after it has been put in and you may not know it has happened. This is why your doctor will teach you how to check your IUD threads each month.
Less common

Perforation: There is a small risk that an IUD might go through (perforate) your uterus or cervix when it is put in (occurs in up to 2 per 1000 insertions). This may cause pain but often there are no symptoms. If this happens the IUD may have to be removed by surgery. Risk of perforation is slightly higher in breastfeeding women.

Ectopic Pregnancy: If you do become pregnant while you are using the IUD there is a small risk of ectopic pregnancy. In an ectopic pregnancy the baby develops outside the womb, often in the fallopian tube that carries the egg from the ovary to the uterus. This can cause severe bleeding and can affect future chances of getting pregnant. Overall however the risk of ectopic pregnancy is less in women using an IUD than in women using no contraception.

How do I prepare for the procedure?

It is vital that you are not pregnant when the IUD is fitted. Please abstain from sexual intercourse from the start of your period until after the IUD is fitted, or use a reliable method of contraception. When you attend for the fitting, you will be asked to provide a urine sample for a routine pregnancy test.

You may get period-type pain after the IUD is fitted. We recommend that you get a supply of whatever painkillers you find useful, taking one dose immediately before the procedure. We usually recommend 400mg Ibuprofen and/or 1g paracetamol.

What does it involve?
The doctor will examine you internally to find the position and size of the uterus before they put in an IUD. An internal measurement is made of the length of the uterus and then the device is inserted. Fitting an IUD takes about 15-20 minutes. It can be uncomfortable and you may wish to take a tablet painkiller that is safe for you, half an hour or so before the procedure. If necessary local anaesthetic can be applied or injected around the neck of the womb although for most women this is not necessary.

Occasionally patients feel nauseous or faint afterwards and you may wish to consider bringing someone with you to accompany you home.

You are likely to get some bleeding after the procedure so please bring a sanitary pad with you.

Please be aware that we sometimes have trainees working alongside the clinic doctor. With adequate training and supervision, they may perform your procedure with your permission.

What happens afterwards?

You may get a period-type pain and some bleeding for a few days after the IUD is fitted. Painkillers can help with this. If you feel unwell, have persistent or worsening pain in your lower belly, a high temperature or a smelly discharge please contact us or your doctor for advice. This may be a sign of infection and you should have a follow up check as soon as possible.

Although an IUD is effective immediately, many patients find it reassuring to use condoms routinely in the first week.

What follow-up will I need?

We will offer you a follow up appointment to have your IUD checked by a doctor or nurse approximately 6 weeks after it is put in. If all is well at this appointment then you do not need any further appointments until the IUD is due removal.
If you have any problems, questions or want the IUD removed you can go and see your doctor or nurse at any time. If you have any significant change in your medical history it is advised that you check with the clinic or your own doctor that the IUD is still suitable.

Please seek medical assistance if you have pain (worse than period cramps), signs of infection (pain, abnormal discharge and fever), an unexpected change in your bleeding pattern or you cannot feel the threads of the device.

**How do I check my IUD?**

An IUD has two threads attached to the end that hang a little way down from your uterus into the top of your vagina. The doctor or nurse will teach you to feel for the threads to make sure the IUD is still in place, which you can do after each period or at regular intervals. If you cannot feel the threads or if you think you can feel the IUD itself you may not be protected against pregnancy. Use an extra contraceptive method, such as condoms and see your doctor or nurse straight away. If you have had sex recently you may need emergency contraception. A trained doctor or nurse can take out the IUD at any time by pulling gently on the threads. When having an IUD removed or changed you should use an extra contraceptive method, such as condoms, for 7 days beforehand.

**What if I think I am pregnant?**

Very few women become pregnant while using an IUD. If you think you might be pregnant or have sudden or unusual pain in your lower abdomen, seek medical advice as soon as possible. This might be the warning sign of an ectopic pregnancy. If you are pregnant the IUD should be removed as soon as possible. If you want to continue the pregnancy, removing the IUD can increase the risk of miscarriage. This risk is less than if the IUD remains in the womb.

**Useful Phone numbers and further information**

**The Sexual Health Hub**
01872 255044

**Family Planning Association**
0845 122 8690
http://www.fpa.org.uk

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690
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A small plastic and copper device put into the womb to prevent pregnancy.

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

Common:
- Period type pain: You may wish to take painkillers shortly before your appointment.
- Periods may be heavier, longer or more painful. This may improve after a few months.

Uncommon / later risks:
- Faintness and nausea: Consider having someone accompany you to the appointment.
- Infection
- The IUD can be pushed out by the uterus (expulsion) or it can move (displacement).

Rare but serious risks:
- Perforation (passing through the wall) of the uterus or cervix during the procedure.
- Ectopic pregnancy (development of a foetus outside the womb) if a pregnancy does occur while the IUD is in place.

Any extra procedures which may become necessary during the procedure:
- Other procedure (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust’s approved patient information leaflet for this procedure: Fitting of an Intrauterine Device (IUD) RCHT1480 which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: [ ] General and/or regional anaesthesia [ ] Local anaesthesia [ ] Sedation

Health Professional signature: ___________________________ Date: __________
Name (PRINT): ___________________________ Job title: ___________________________

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ___________________________ Name (PRINT): ___________________________ Date: ___________________________
STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of the procedure with doctor before fitting the IUD including use of analgesia and anaesthesia.

I understand that an IUD may be used as emergency contraception and can be fitted in the womb up to five days (120 hours) after unprotected sex or within five days of the earliest time an egg could have been released. For a routine fitting of an IUD there should be no risk of pregnancy and abstaining from sex since the last period or using a reliable method of contraception is recommended.

I have been told that the failure rate associated with this method of contraception is less than 1%.

I have been told the possible risks and side effects associated with the procedure and method including heavier periods, perforation or expulsion of the IUD. I understand there is a small increased risk of infection following the procedure and a check for infection beforehand is usually advisable.

I have been told that if you do become pregnant while you are using the IUD there is a small risk of ectopic pregnancy. The risk of ectopic pregnancy is less in women using an IUD than in women using no contraception.

I have been told a follow up visit is recommended 6 weeks after insertion of an IUD.

I have received a copy of the Consent Form and Patient Information leaflet: Fitting of an Intrauterine Device (IUD) RCHT1480 which forms part of this document.

Patient signature: ___________________________ Name (PRINT): ___________________________ Date: ___________________________

A witness should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ___________________________ Name (PRINT): ___________________________ Date: ___________________________

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ___________________________ Date: ___________________________

Name (PRINT): ___________________________ Job title: ___________________________

Important notes (tick if applicable):

☐ See advance decision to refuse treatment 
☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ___________________________ Name (PRINT): ___________________________ Date: ___________________________
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STREETMENT OF INTERPRETER (where appropriate)

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I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

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