

Mirena IUCD

Mirena is a small T-shaped white plastic IUD containing progesterone hormone which is very useful for heavy menstrual flow, period pain and provides contraception. The Mirena is passed through the cervix or mouth of the womb either under anaesthetic or in the doctor's office. The Mirena remains in the uterus but can't be seen by the patient or her partner. It has a tiny blue nylon thread on its end which enables it to be taken out later on.

Why Mirena?

Mirena is an exceptionally effective contraceptive and way of treating heavy periods with a very high safety and effectiveness profile. It is now used in women of all ages.

What do I need to know before my Mirena is inserted?

If you are having a sleeping anaesthetic prior to your insertion of Mirena, you will need to fast for six hours. Some patients may need blood tests, an ultrasound or other investigations to be performed. The Mirena can be inserted during a period. If inserted under general anaesthetic, **hysteroscopy and curettage** is usually done to examine the lining, exclude other causes of heavy bleeding and to make sure that the Mirena is correctly placed.

Insertion in the Office

First and foremost, it is important to know that you are not currently pregnant. You should continue your current method of contraception prior to the insertion. **You should also perform a home pregnancy test on the day of the procedure.** You should take some pre-emptive analgesics such as Nurofen, Naproxen or Panadeine prior to attending. I may also give you some Misoprostol tablets which soften the cervix to aid the insertion. It's best not to bring small children to the appointment.

Duration of Procedure

Around fifteen minutes.

Post-Procedure Care: Day Surgery

After a short time you will be offered something to eat or drink and be able to change back into your street clothes for discharge.

After Office Procedure

You may experience some lower abdominal cramping or spotting. Rarely some women feel a little faint. If a fainting episode occurs you may be given some subcutaneous or intravenous medication (Buscopan) in order to help your recovery. I'd like you to wait around the office for ten minutes before you leave.

Post-Discharge Care

Mild cramping and spotting may persist for some months. Cramping is treated best with anti-inflammatory medication such as Naprogesic or Nurofen. Bathing is allowed but swimming in public pools/spas or hot springs should be avoided for the first week. Your next period may not be the same as your regular period.

Things to be aware of in the early stages after Mirena insertion

- Around 8% of women will experience some hormonal side effects such as sore breasts, acne or change in mood. These are generally short-lived.
- Spotting is common for the first approximately three months post insertion
- The device may "fall out" in around 1/200 women. This generally occurs in women with a large or distorted uterus such as with fibroids. If this happens pregnancy is a possibility.
- Around 1/50 women may experience *ovarian* cysts which cause discomfort. These generally disappear on their own. Very rarely, ongoing monitoring or surgery may be required.
- Sometimes the Mirena may not be as effective as you would like in controlling your heavy periods or pelvic pain.

- *Failure of contraception.* The manufacturers quote around 1:600 women. The “pill” typically fails in roughly 3%. There is a slightly higher proportion of ectopic (tubal) pregnancy if a pregnancy does occur; again very rare.
- Perforation of uterine wall. Sometimes the Mirena creates a false passage or subsequently works its way into the wall of the uterus. The device may need to be removed and a laparoscopy may be required to do this. This is very unusual; more so when the Mirena is inserted under GA and when you have not just been pregnant.
- Sometimes the thread on the end of the Mirena retracts to lie within the cervix or uterus, which may require removal under anaesthetic in due course.



