

Having a Mirena[®] hormone coil fitted

Department of Gynaecology

Information for Patients

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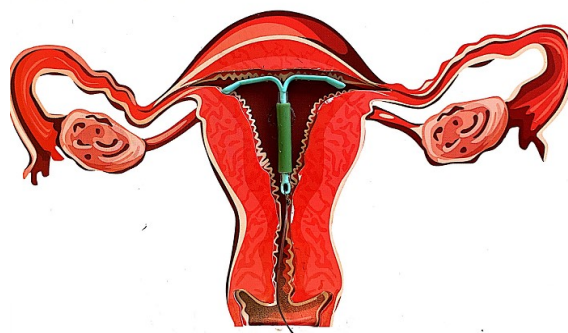
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What is an intrauterine system (IUS)?

An IUS is a small "T" shaped plastic device that is put inside the womb. It releases a progesterone hormone to stop you getting pregnant amongst other uses.

The Mirena[®] is a brand of an IUS. It releases a small amount of a man made hormone (levonorgestrel – a man made version of the hormone progesterone) into your womb every day.



What can the Mirena IUS be used for?

- **Long acting reversible contraception:**

Mirena is a highly effective contraceptive method. Only 1 to 2 in 1000 women fitted with the Mirena will become pregnant within a year of using it. This is as effective as sterilisation but is reversible so fertility returns within weeks of removal. It lasts for 5 years (or 7 years if fitted after 45 years of age). It acts mainly by preventing the monthly growth of the lining of the womb and by making the cervical mucus plug resistant to the penetration of the sperm. In around 4 out of 10 of women it also stops the monthly release of eggs.

- **Heavy menstrual bleeding (HMB) or heavy periods:**

The Mirena IUS is highly effective in treating women with heavy and painful periods and is recommended by the National Institute of Clinical Excellence (NICE) for women who do not respond to tablet treatments. In women with HMB, Mirena acts by reducing the growth of the lining of womb. By 3 months there will be a 60 to 90% reduction in blood loss and a 71 to 95% reduction by the end of 6 months. Many women stop bleeding altogether. This is not harmful. Reduced bleeding improves anaemia in women with HMB.

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- **Protection of the womb lining during hormone replacement therapy (HRT):**

Around the age of 45 and 55 years of age, most women experience symptoms linked to the menopause such as hot flushes and night sweats which can be distressing. These symptoms are due to the ovaries making less sex hormone.

Estrogen treatment can help relieve menopausal symptoms for 8 out of 10 women. However, taking estrogen on its own increases the risk of overgrowth of the lining of the womb which may in time lead to womb cancer. To stop this, women must take some form of progesterone alongside estrogen. The Mirena used with estrogen HRT, protects the lining of the womb and reduces the risk of womb cancer to the same level as not taking HRT.

The Mirena can be used to protect the lining of the womb for 5 years when used alongside HRT containing estrogen. The license on the product says for 4 years but we now know it can be used safely for 5 years. There is enough progesterone in the Mirena that you don't need additional contraception even if you are using as part of HRT.

Other unofficial uses of the Mirena IUS

- **Treatment of endometrial hyperplasia:**

Mirena effectively treats pre-cancerous changes to the lining of the womb (called hyperplasia), reducing the risk that pre-cancerous cells turn into cancer. This is much more effective than progesterone tablets. Following the insertion, 2 biopsies of the lining of the womb will be carried out 6 months apart to make sure that the pre-cancerous cell changes have gone back to normal. It is recommended that you leave the Mirena in for 5 years.

- **Treatment of endometriosis, adenomyosis, premenstrual syndrome (PMS) and chronic pelvic pain:**

Although unlicensed for these uses, the IUS can help control recurrence of the symptoms of endometriosis, adenomyosis and chronic pelvic pain and so reduce the need for further surgery. It can also be useful to control PMS in some women. It is not suitable however if you wish to try for a baby as it prevents pregnancy.

Is it suitable for all women?

Some women might not be suitable to have a Mirena IUS, such as women who have had blood cancer or breast cancer in the past, recurrent pelvic inflammatory disorders, and liver disorders.

When should a Mirena IUS be inserted?

A Mirena should be inserted either during your period or within 7 days of starting your period and there is no risk that you could be pregnant. If you already have a Mirena IUS fitted it can be replaced with a new one without waiting for the onset of your period.

After the menopause, the Mirena IUS can be fitted at any time.

What tests are needed before a Mirena IUS can be fitted?

- **Swab test for sexually transmitted infections** - it is important to rule out sexually transmitted infections before insertion of a Mirena IUS, especially if you are not in a stable relationship. Leaflet number 1013 tells you how to take the swab yourself and can be viewed here: <https://yourhealth.leicestershospitals.nhs.uk/library/women-s-children-s/gynaecology/1241-taking-a-swab-at-home-from-your-vagina-to-check-for-infections>
- **Ultrasound scan, hysteroscopy and biopsy** - as a part of tests for HMB, or if there is a suggestion from your symptoms or examination, that you might have a condition such as fibroids or polyps, an ultrasound scan, or a diagnostic camera examination (hysteroscopy) and tissue sample test (biopsy), may be done before the insertion of a Mirena IUS.

What happens when a Mirena IUS is fitted?

It's a good idea to take some painkillers at home (e.g. paracetamol/ ibuprofen/ codeine) about 1 hour before you are due to have the Mirena fitted, unless you will be having it fitted under general anaesthetic as part of another procedure. This will help with the mild period-type cramps that women often feel during the procedure.

You will be asked to undress from the waist down, lie on the couch with your legs apart for a speculum examination. It may be necessary to use anaesthetic gel or injections in the cervix in order to gently stretch the cervix with a dilator. The Mirena applicator will then be inserted into the cervix and the Mirena released into the womb. This takes only a few minutes.

Sometimes women feel a little dizzy after the insertion. This normally settles after a few minutes. You may also have some mild discomfort, similar to period pain, during the insertion. This can last for a few hours or up to a few days. It is a good idea to take simple painkillers for a few days if you have cramps.

What are the risks of the Mirena IUS?

- **Perforation** (1 in 1000) - is when the wall of the uterus is punctured by accident with one of the instruments. If that is the case the procedure will be abandoned and you will be started on antibiotics to prevent infection. A further attempt can be made after 6 weeks.
- **Infection** (less than 1 in 100) - if you develop a smelly discharge, fever or worsening lower abdominal pain you need to be checked for infection and started on antibiotics. If things do not settle then we might consider removing the IUS.
- **Bleeding** - you might have some irregularity in the frequency and duration of your periods. Periods are usually lighter, but can be prolonged or you might have an increase in the frequency of periods or irregular spotting in between your periods during the first few months of insertion. This should gradually settle. After 6 months many women do not have any periods.
- **Failure** - missing a period may not mean that you are pregnant as many women may not have periods at all while using Mirena. However, you should consider doing a pregnancy test if you have not had a period for 6 weeks. If this test is negative there is no need to carry out another test, unless you have other signs of pregnancy, e.g. sickness, tiredness or tenderness in your breasts.

- **Expulsion** (3 to 6 in 100) - is where the womb pushes the Mirena out. This is unusual but more likely if you have very heavy bleeding in the first few months after fitting. If you think the Mirena has come out, do not rely on it as a contraceptive; use condoms and contact your GP to have the Mirena checked.
- **Migration** - is where the Mirena works its way through the wall of the womb (usually after a partial perforation when it is fitted). If this happens you might need an operation called a laparoscopy to remove the IUS.
- **Pain** - if you have a lot of pain then the procedure will be stopped.

What are the side effects of a Mirena IUS?

- 1 in 10 women may have some weight gain, headache, acne, depression, migraine, nausea, tender painful breasts. These side effects often settle within a few months.
- 1 in 100 women can get itching in the skin, swelling of abdomen and legs, hair loss and skin pigmentation.
- 1 in 1000 women can get a rash.

Follow-up appointment

Your GP or practice nurse may ask you to come for an IUS check once a year.

You will need to keep a note of when you had your Mirena IUS fitted as you will not be reminded of when it is due to be replaced. You will be given a card telling you the date it must be replaced.

You should check you can feel the threads of your Mirena IUS coming through your cervix about once a month. If you are unsure use additional contraception such as condoms and see your GP to have the Mirena checked. If you think you might be pregnant, do a pregnancy test before you see your GP.

If you are pregnant the Mirena IUS should be removed if possible to reduce the risk of miscarriage.

Contact details

Gynaecology pre-assessment: 0116 258 4839

If you have any questions please discuss these with the doctor or nurse who will be doing the procedure. If you have any questions once you have been discharged please speak to your GP.

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