



PCFSA/Westshore Community Health Centre

www.pacificcentrefamilyservices.org

200-324 Goldstream Ave Victoria BC V9B 2W3

250 478 8357

Patient Information Handout, Instructions (pre/post) and Consent: Mirena/Kyleena IUD

Candidates for Hormonal IUDs (Mirena OR Kyleena):

- Are NOT pregnant.
- Do not have active pelvic inflammatory disease (PID).
- Do not have an abnormally shaped uterus.
- Do not have unexplained genital bleeding/spotting.
- Do not have active cervical, breast, uterine or ovarian cancer.
- Do not have a current DVT (blood clot in the vein), active viral hepatitis, liver disease or liver tumor.

How the Hormonal IUD works:

- A T-shaped plastic device containing a hormone called levonorgestrel is placed inside the uterus.
- Levonorgestrel is a hormone similar to the progesterone produced by the ovaries.
- Prevents pregnancy by thickening the cervical mucus preventing sperm from reaching the egg, and thins the uterine lining.
- An IUD does not cause an abortion.
- Most hormonal IUD users will continue to ovulate.
- **The IUD doesn't protect against sexually transmitted infections. Routine STI screening and use of barrier methods (condoms, dams etc.) is advised.**

Benefits and advantages of the Hormonal IUDs:

- Highly effective reversible method of contraception (99.8% effective = 2 pregnancies per 1000 users/year)
- Offer continuous protection **for 5 years (Kyleena) and 8 years (Mirena)**.
- Low risk, office-based procedure. Convenient. Reversible (can be removed at any time by a care provider).
- Immediate return to baseline fertility when IUD is removed (within the month).
- Can be used by people who can't use estrogen-containing contraception methods.
- Low hormone level in blood: Mirena (avg. 20µg/day) and Kyleena (avg. 9µg/day).
- Reduced overall cramping and bleeding.
- Lighter, semi-regular periods/bleeds with **Kyleena** (sometimes can stop bleeding).
- Lighter, less frequency periods/bleeds or completely stop bleeding with the Mirena (>90% decreased blood loss at 12 months).

Possible side effects and disadvantages of the Hormonal IUDs:

- **More frequent irregular bleeding and spotting for the first 2-6 months.**
- In most users, there is a trend over time towards less frequent and shorter episodes of bleeding.
- There is often short lasting but potentially strong cramping at the time of insertion of the device. **Please tell your healthcare provider if you experience severe painful periods, significant anxiety or have experienced a previously difficult IUD insertion,** so we can talk to you about options to make the IUD insertion more comfortable for you.
- There is a 1-10% (1 to 10 in 100) chance of side effects including headaches, acne, breast pain, mood changes, ovarian cyst formation, uterine cramping or change in vaginal/internal genital discharge. It is important to note that **side effects are likely to improve or go away entirely within the first couple of months of use.**



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Risks of any IUD insertion:

- 5% (5 in 100) risk of IUD expulsion (partially or fully “falling out”), highest risk in first 2 months post insertion. If using a menstrual cup, make sure to completely break the suction/seal before removal EACH TIME to minimize risk of accidental expulsion, or consider a non-suction based menstrual cup.
- <1% (less than 1 in 100) risk of pelvic infection within the first 3 weeks after insertion. A vaginal/internal genital STI swab is recommended the day of the procedure to limit this risk.
- 0.1% (1 in 1000) risk of uterine perforation during the procedure. Somewhat higher risk <6 weeks postpartum or in those breast/chest feeding, but it is still reasonable to proceed with insertion most of the time.

Pre-insertion contraception (birth control):

- **Use a reliable form of contraception** (IUD, NEXPLANON arm implant, oral contraceptive pill, EVRA patch, Depo Provera injection, NuvaRing, condoms) until your IUD insertion.
- If NOT using one of the above options, please **abstain from sex that could result in pregnancy for 2 weeks** prior to your IUD insertion OR abstain from the **start of your most recent period/bleed** (whichever time frame is shorter).
- **If you HAVE NOT been able to follow the above instructions, please still come to your IUD appointment and let the clinician inserting your IUD know.** This is not ideal, but it is likely that your IUD can still be placed as planned, and a follow up plan created to ensure you are not pregnant.

Insertion appointment details:

- After seeing a health care provider for a prescription, call and schedule an insertion appointment.
- During your insertion appointment, there will be a physician or nurse practitioner and possibly a clinical learner (physician or nurse) attending to you. If you have any concerns about this, please notify the front desk staff.
- Arrange to pick up your IUD at the pharmacy a few days before your appointment. At your pre-insertion consultation, please request the health care provider fax your IUD prescription to the pharmacy of your choice. FYI: The box it comes in is very large! **Make sure to bring the box to your IUD insertion appointment.**
- Eat a light meal about 90 min before your appointment.
- Take **440mg naproxen (two regular Aleve)** the night before your appointment AND 1 hour prior to the appointment (if allergic, ask your pharmacist about alternatives).
- If given a prescription for **Ativan** to help with pain or anxiety, **DO NOT DRIVE** to or from the appointment (have someone drive you). Take the medication about 30 min before your appointment.
- Please arrive 15 minutes before your appointment time. A urine pregnancy test will be done at this time - **please arrive prepared to provide a urine sample.** This test will NOT detect an early pregnancy that has occurred within the past 14 days.
- You will be offered a tampon with lidocaine on it to insert into the vagina before your procedure, to help with pain control/freeze the cervix.
- Expect some strong cramping that should settle within minutes in most cases.
- Occasionally, some people feel nauseous or lightheaded for a few minutes after the procedure. This passes quickly, but we advise you to stay lying down until feeling better. We will offer you juice and/or snacks to help as well.
- If possible, bring a companion that can drive you home.



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AFTERCARE:

- Do not put anything in the vagina/internal genitals for **24 hours** after the IUD insertion (NO tampons, menstrual cups, baths, swimming, hot tubs, or sex) to limit risk of infection. Showering is safe.
- Transitional cramping, especially within the first few weeks, may occur. Use a heating pad and/or naproxen (Aleve) to relieve discomfort. Contact the clinic if cramping/pain is not responding to treatment or is severe.
- Some extra bleeding or spotting can be normal within the first few months, but it is generally quite light. Long term, you should expect lighter, less frequent bleeding, or no bleeding at all, but it can take up to 3-6 months to get there. If you have concerns about your bleeding, please contact the clinic to follow up with a care provider.
- **Check your strings a couple of times within the first few weeks after insertion**, sooner if you experience any pain with sex, very heavy bleeding, or cramping. Wash your hands before checking. It is normal to feel either “both strings” or only feel “one string.” If you prefer, your partner can check for you instead. If you are unable to locate the strings, please book an in-person assessment. After these initial string checks, **NO further string checks** are required while you have the IUD in place, as long as you are feeling well & have no concerns.
- The strings will soften and usually curve around your cervix. Your partner should not feel them during sex. If a partner finds them uncomfortable, you may need the string length adjusted by an IUD provider, but this is not very common.
- **Follow up phone/virtual** appointments are available 4-6 weeks after your IUD is inserted. **Please call the clinic if you would like to book a follow-up with one of our clinicians.**
- We advise STI screening as needed and routine cervical cancer screening as recommended.
- **Plan to do a Pregnancy Test AND check your strings AND book an appointment if** you experience any unexpected pain with sex, major change in bleeding or cramping, or new breast/chest tenderness or nausea. If you think your IUD strings have significantly lengthened, or you can feel a plastic “device” at the opening of your cervix, or the IUD has fallen out, **use a back-up contraception (condoms)** or abstain from sex that could result in pregnancy until you follow up with a healthcare provider.

When to contact a healthcare provider (PAINS):

P - Prolonged or excessive cramping or heavy bleeding.

A - Abdominal pain or pelvic pain with sex.

I - Infection symptoms (FEVER, chills, foul smelling discharge).

N - No IUD strings present, or if you feel a plastic “device” coming out of the cervix.

S - Symptoms of pregnancy and/or positive pregnancy test.



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Consent for a HORMONAL IUD insertion:

Having read the above handout and reviewed the information in detail with the provider, you will need to give **verbal consent for the IUD the day of the procedure**. This consent includes the following:

- You have been made aware of the risks of benefits of a hormonal IUD (**Mirena/ Kyleena**) and are aware of alternative methods of contraception.
- You are aware that the IUD does not protect against sexually transmitted infections, which can cause infertility.
- You are aware of the recommended follow up when using an IUD, and you know when you should seek prompt medical attention after IUD insertion.

I have read and reviewed this handout and had all my questions answered.

Date:

Name:

Signature: