

## LIVING WITH AN IUD

Most women are happy with their IUD. It is very safe, reliable and convenient. There is a period of adjustment that may last from a few hours to 6 months. The IUD and your uterus learn to live with each other, and you don't even know it is there. But some issues may arise, and they typically happen within a few days or weeks after the insertion. Side effects are not uncommon, but serious complications are extremely rare.

### ISSUES THAT MAY CONCERN YOU

1. I cannot feel the strings with your fingers
2. I can feel the "T" part of the IUD passing through my cervix
3. I think I may be pregnant
4. I missed a cycle, or had an unusually light period using the Copper IUD
5. I may have been exposed to a sexually transmitted disease
6. I noticed an unusual discharge from the vagina
7. I have severe cramps, pain, or tenderness in my abdomen
8. My partner can feel the strings,
9. I noticed pain or bleeding during or after sex
10. I developed unexplained fever or chills
11. I have or had, an unusual period, or an odd episode of vaginal bleeding
12. I have more acne, or bloating, breast tenderness, hair loss, weight gain.

### **STRINGS DISAPPEARED, I CAN FEEL THE IUD (1,2, 3,4)**

This is a very common occurrence. A regular exam, pregnancy test and a bedside ultrasound will clarify the reason in the majority, but an X-Ray may occasionally be required. There are a few possibilities:

1. **Strings curled up and retracted inside the cervix.** This is the most common reason. Ultrasound will reveal the IUD in proper position, and the strings can usually be seen inside the cervix. There is no need to move the strings out, but it can be accomplished using a special brush.
2. **Pregnancy.** Although rare, it is important to rule out a pregnancy. A urine test is sufficient in the majority.
3. **Expulsion.** The IUD can be expelled out (or pushed out) of the uterus. If this happens, it is no longer effective. The chance is about 3%. You may or may not see the IUD coming out, as it may come out inside a clot, or fall into the toilet bowl. It is usually accompanied by heavy bleeding and pain. If the IUD is not seen in the uterus on ultrasound, then an X-Ray is ordered. If it is not seen on X-Ray, it was expelled!
4. **Perforation.** The IUD can perforate (or pierce) the wall of the uterus. In most women, it happens at the time of insertion, or very soon afterwards. This is very rare and occurs in only about 1 out of every 1,000 insertions. It is more common in women who had a C/Section or uterine surgery, especially if they are breastfeeding. There is usually intense pain in the first few days. The IUD can be seen on X-Ray lying inside the abdomen. A laparoscopic (keyhole surgery) procedure is then carried out to remove it.

**Is it necessary to check the strings?** It is not considered mandatory to check the

string regularly. But if you want to do it, you must insert a finger into your vagina and feel around for the cervix first, and then the strings. You can do this at any time, but doing it right after your menstrual period is easy to remember (or the first day of each calendar month if you are using the hormonal IUD and have no periods). If you feel the string is shorter or longer than it used to be - or if you don't feel the string at all - call the office. The IUD may have slipped out of place. Use another form of birth control until your IUD is checked. Otherwise, the strings will be checked while having your annual Pap smear or STD check-up.

## **PREGNANCY (3,4)**

They are rare. The chance of getting pregnant using the copper IUD is about 1 in 100, and with the hormone IUD is about 1 in 500-1,000. If you still have periods, but miss one, or have a light unusual one, you should have a urine pregnancy test. On occasions, blood pregnancy test is required.

If the IUD is still in place, and you are pregnant, there can be risks to the mother and fetus, like miscarriage, infection or ectopic pregnancy. The IUD should be removed as soon as possible to minimize these risks (even if you are thinking of having an abortion). Ultrasound evaluation (and blood tests) should be performed as soon as feasible to rule out ectopic (tubal) pregnancy.

## **INFECTION (5,6,7)**

Infections in the uterus or fallopian tubes can occur after insertion. Although rare, they usually occur in the first 21 days. It is usually due to poor sterilization techniques or an undetected chlamydial infection. If treated early, the IUD does not need removal. Most women will notice increasing pain and vaginal discharge, and eventually develop a fever if it is not taken care of.

If you or your partner have had sex with another person that is known to have an STD, or if your partners notices a penile discharge or bumps, you need to be checked without delay.

Although the IUD is an effective protection against pregnancy, it does not protect against acquiring STDs. If you and your partner are not in a mutually monogamous relationship, use a condom every time you have sex. If you have a new partner, you should be checked for STDs 3-4 weeks after unprotected sex.

An infection known as bacterial vaginosis is more common in IUD users. It can cause a discharge with an odor or fishy smell. It may be related to the strings acting as a foreign body and promoting the growth of this bacteria. It can be treated, but in some women, the strings need to be trimmed.

## **PAIN (7, 9, 10)**

If you experience pain in the pelvis, either every now and then or almost daily, we need to look at the reason for it, and treat it accordingly. It may or may not be related to the

IUD. Sometimes, you may feel no pain for months, and then experience discomfort. The most common reasons include:

1. **Malposition.** The IUDs work well if they are in the proper location inside the uterus. When the IUD becomes rotated, skewed, or comes down from the top of the uterus, it is called malpositioned. Unfortunately, it cannot be repositioned. A new one is required. In selected cases, it can be left alone, especially in older women who have no or minimal pain. If it is too low, the protection against pregnancy is likely reduced.
2. **Ovarian cysts.** Up to 20% of women using the Mirena and Kyleena, and 5% of women using the Jaydess, will develop a small cyst (less than 5 cm) that can be painful. It is diagnosed by ultrasound, and it resolves within 2-4 weeks in the vast majority. Pain meds such as ibuprofen or naproxen may be needed.
3. **IUD too big?** In a small number of women, because of persistent pain in a properly placed IUD, changing to a smaller one, such as from Mirena to Kyleena or Jaydess, or from Liberte or MonaLisa standard to Liberte short or MonaLisa mini, can make a difference. This is more common in women who have never been pregnant.
4. **New infection?** It is possible that a new infection such as chlamydia or bacterial vaginosis (BV) may have been acquired, usually through a new sex partner. Swabs are required to make the diagnosis. There is no need to remove the IUD but treatment of the infective organism is paramount. If antibiotic treatment does not help, rarely the IUD may need removal.

## **PARTNER CAN FEEL THE STRINGS (8)**

The strings do not have any purpose other than to allow women to check it on a regular basis, or to make it easier to remove it in the unlikely event of a pregnancy or in women who want it out anyway. If the sexual partner experiences discomfort, like paper cuts, the strings can be cut short as to be flushed with the cervix. The same procedure can be carried out in women who develop recurrent infections with bacterial vaginosis as a consequence of the strings. Cutting them short will not affect the birth control efficacy.

## **BLEEDING (9,11)**

**HORMONE IUD:** Prolonged bleeding, either spotting or a brown discharge, is very common in the 1-6 months following insertion of the hormonal IUDs. In most women using the Mirena, the periods disappear (it is not dangerous at all if that happens), but with the Jaydess most women still have their periods, albeit lighter in the majority. With the Kyleena, is about 50-50.

However, if after 3 months, and especially after 6 months, the bleeding continues, swabs and ultrasound are recommended. If there is no infection and the IUD is properly located, a trial of medical treatment is recommended. The treatment consists an anti-inflammatory for 1-2 weeks, or oral estrogen in the form of the birth control pill or a bioidentical estrogen for 1 month. If there is no response, the IUD may need removal, and an alternative type of birth control offered.

**COPPER IUD** Your menstrual cycles will get heavier by 25-50% when using the copper IUD. The first 2-3 periods can be the worst. There are treatments available if needed.

## **HORMONAL SIDE EFFECTS (12)**

Hormonal side effects such as breast tenderness, bloating, weight gain, nausea, headache, mood changes, increased hair or hair loss, and acne are not uncommon, but they tend to resolve on their own within a few months. Although the Jaydess and Kyleena have less hormones, the chance of causing side effects is very similar to the Mirena.

Most of these side effects are manageable, such as acne. Topical creams are often sufficient (prescription and over the counter), but there are some pills available to treat acne. I favor one called spironolactone, as it is safe at a small dose, which is typically sufficient.

The majority of hormone side effects resolve in any case. I found the most difficult one to treat is mood changes such as depression or decreased sex drive.

Approximately 5-10% of women discontinue it because of the hormonal side effects, pain or bleeding, despite our efforts to help.

### **NOTE**

If you want to be seen in the office after 6 months, please know that MSP requires a new referral after 6 months of the last encounter for a new consultation. But you can call the office and set up an appointment while you get the referral. If the pain or bleeding is intense and you think that you are pregnant, or if you have pain and a high fever, you may need to go to your nearest Emergency Department. IUDs are extremely safe, but rarely infections or pregnancies can occur.

You can read more about IUDs on my website site [www.drleon.ca](http://www.drleon.ca). There are other excellent websites such as [www.sexualityandu.ca](http://www.sexualityandu.ca).

You can contact us by phone 250-763-0640, or e-mail at [drleon.gyne@gmail.com](mailto:drleon.gyne@gmail.com). Please note that emails are for appointments and some results only. They are answered within 1-2 business days.

*Dr. Roberto Leon*