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**The INTRAUTERINE SYSTEM**

The intrauterine system (IUS) is a very effective method of contraception. There are two types of IUS available in Canada - Mirena® and Jaydess®. The IUS sits inside the womb (uterus). Once fitted, it works as a contraceptive for three (Jaydess®) or five (Mirena®) years. Most women who use an IUS have no problems with it.

What is the intrauterine system (IUS)?

The IUS is a small, plastic device, which sits inside the womb (uterus). There are two threads attached to it, which pass out through the neck of the womb (cervix) and lie in your vagina. These allow you to check it is still there and are used to remove it. It looks like an [intrauterine contraceptive device (IUCD)](http://www.patient.co.uk/health/intrauterine-contraceptive-device-iucd-leaflet) - also known as the 'contraceptive coil' or copper IUCD. However, the IUS does not contain copper; it contains slow-release progesterone hormone. It is therefore called an intrauterine 'system' (IUS) and not an IUCD.

There are two types of IUS available in Canada. They are called Mirena® and Jaydess®. They are T-shaped (the two side arms fold flat for insertion and fold up for removal) and about the length of a matchstick. The inside of the womb itself is only a little longer than a matchstick, so the IUS fits neatly inside. A trained doctor or nurse can place the IUS quite easily into a woman’s womb. Mirena® and Jaydess® are very similar but Jaydess® is smaller and has a lower dose of hormone loaded on it. This is why it is only effective for three years.

How does the IUS work as a contraceptive?

It works differently to the copper intrauterine contraceptive device (IUCD) because instead of copper it contains a progesterone hormone. The hormone thickens the mucus in the neck of the womb (cervix). This forms a plug, which stops sperm getting through to the womb (uterus) to fertilize an egg. The hormone also makes the lining of your womb much thinner which makes your periods much lighter (they may disappear altogether!). In some women the IUS suppresses ovulation, so that it happens less often or not at all. However, this is usually not the case, even if your periods are absent when using the IUS.

How effective is the IUS for contraception?

The IUS is very effective. Around 2 women in 1,000 using the IUS will become pregnant each year. Compare this to other methods in the attached chart and you will see just how effective the IUS is! Women not using contraception have a pregnancy rate of 800/1000!

* [**See more articles** »](http://www.patient.co.uk/health/intrauterine-system-ius-leaflet/related)

What are the advantages of the IUS?

Advantages include: duration of effectiveness, reliability, lighter menstrual cycles and reversibility.

Once a Mirena® IUS is inserted you no longer need to use other contraception for five years. A Jaydess® IUS lasts for three years. So, unlike users of the oral [contraceptive pill](http://www.patient.co.uk/health/combined-oral-contraceptive-pill), ring or patch, you do not have to think about contraception every day! The IUS does not interfere with having sex (intercourse) or with sex drive (libido). Although it contains progesterone, the quantity of the hormone that gets into your general system is very low. It does not usually therefore cause the side effects, which can be seen with other progesterone-containing contraceptives (like Depo Provera).

Periods usually become lighter, less painful and can even stop altogether. After 12 months most users only have a light bleed for one to three days per month, and about 1 in 5 users of the Mirena® IUS have no bleeding at all.

Fertility returns as soon as the IUS is removed, although regular periods (menstruation) sometimes take a few months to return.

The Mirena® IUS does not have to be used as contraception. It can also be used as a treatment for heavy periods, endometriosis and fibroids. Jaydess® IUS is not suitable to treat these conditions.

What are the disadvantages of the IUS?

Although the majority of women with an IUS have no problems, the following may occasionally occur:

**Irregular bleeding**

You may have irregular bleeding for the first three to six months after IUS insertion. Your menstrual cycles may be slightly longer than usual or even a bit heavier for a while. You may experience spotting or light bleeding between your periods, which can be a nuisance. This usually settles down so we encourage you to try and be patient! The reward is often 4 and half years of light cycles with great, reliable contraception!

**Ectopic pregnancy**

An ectopic pregnancy is a pregnancy developing outside the womb (uterus). This is uncommon in women with an IUS but if you develop one-sided tummy (abdominal) pain with bleeding you should discuss this with a doctor right away.

**Expulsion**

The IUS may come out without you noticing (expulsion). This happens to 1 woman in every 20. It usually happens in the first three months during your period. It is slightly more likely to happen if you have not had children. It is a good idea to check you can feel the threads of the IUS after your period. If you cannot feel them, you should use extra precautions such as a condom until your doctor has checked the IUS is still there.[**Start a discussion** »](http://www.patient.co.uk/forums)

**Infection and perforation**

The risks of having an IUS inserted include infection and perforation.

Infection tends to occur within the first 3 weeks of insertion. The risk is approximately 1 in 200. It is often associated with symptoms of persistent fever, pelvic pain and vaginal discharge.

Perforation can occur during the insertion and is when the IUS makes a small hole in the uterus. The IUS can protrude through the wall of the uterus and can escape into the pelvis. This happens in fewer than 2 in 1,000 women. Perforation can occasionally cause pain but often there is no pain. The main symptom is not being able to feel the strings of the IUS. You should tell your doctor or nurse if you can no longer feel the threads of your IUS. An [ultrasound scan](http://www.patient.co.uk/health/ultrasound-scan) will be carried out. If ultrasound does not find the IUS, an [X-ray](http://www.patient.co.uk/health/x-ray-test) will be ordered.

**Hormonal side effects**

Hormonal side effects are uncommon. The progesterone released by the IUS mainly stays around the womb and very little gets into the bloodstream. So side effects are less common than with the progesterone-only contraceptive pill and the contraceptive injection or implant.

If side effects do occur, they tend to develop in the first 3-6 months. They then tend to ease and go. Examples of possible side effects include:

* Mood swings.
* Reduced sex drive (libido).
* Fluid retention.
* Increase in acne.
* Breast discomfort.
* A slight increase in breast size - this can occur in the first few months but is usually temporary.

**There is no evidence that women with an IUS put on weight.**

Who cannot use the IUS?

We will discuss your medical history with you. Some illnesses may mean you cannot use progesterone-based contraceptives. These include recent breast cancer, some other cancers, very large fibroids or an infection, which has not been treated. The number of women who cannot have the IUS inserted is small.

How is the IUS fitted?

The IUS is usually fitted towards the end of a period but it can be fitted at any time in your cycle provided you are certain you are not pregnant. You will have a gentle vaginal exam to check the size and shape of your uterus. A speculum will be placed and your cervix will be cleaned. Your cervix will be grasped and a small instrument will be passed into your uterus to check the depth of the cavity. The IUS is then inserted using a small plastic insertion device.

The IUS insertion can be uncomfortable and some women can have crampy pain afterwards. These can be eased with medications like Tylenol or Advil (ibuprophen). Light vaginal bleeding may occur for a few weeks.

You will be taught how to feel the threads of the IUS so you can check it is in place. You can check the threads regularly if you wish.

Does the IUS work right away?

If the IUS is fitted within seven days after the start of a period, it is immediately effective as a contraceptive. If it is fitted after the seventh day then you need to use extra protection such as condoms for seven days.

Follow-up

We will want to check that there are no problems 4-8 weeks after fitting your IUS. It is best done after your next period. After this, there is no need for any routine check other than routine well woman care until it is time to remove the IUS. See us at any time if you have any problems or queries.

Most women have no problems and the IUS can remain in place for three or five years.

Changing the IUS and other tips

A trained doctor or nurse can remove the IUS at any time.

You can use sanitary pads or tampons for your menstrual periods with an IUS in place.

A pap smear can also be taken with an IUS in place. Sometimes, the smear result may show that there is an organism in the cervix; these are called actinomyces-like organisms. These are normally found and do not mean the IUS should be removed.

If you have had pelvic pain together with signs of infection, such as a temperature, your doctor may consider removing the IUS.

You should consult a doctor if any of the following occur:

* Prolonged tummy (abdominal) pain after an IUS is inserted.
* New vaginal discharge with or without pain.
* You suspect that the IUS has come out or is coming out. If you cannot feel the threads then use other contraception (such as condoms or not having have sex) until a doctor or nurse has checked you.



IUS Aftercare instructions

1. YOU SHOULD ABSTAIN FOR SEXUAL INTERCOURSE, TUB BATHS AND TAMPON USE FOR THE FIRST 24 HOURS AFTER INSERTION. These activities could introduce bacteria into the vaginal canal or uterus, which could increase your risk of developing an infection.

1. Uterine cramping is common immediately after IUS placement. This may last for several hours or even overnight. It usually gradually gets better. This is because the IUS is a new ‘addition’ to your uterine cavity and your uterus needs to ‘get used to it’ being there. You can help relieve the discomfort with heating pads, Tylenol or Advil (ibuprophen). Many women comment on vague light cramping from time to time over the first 3-6 months after their IUS is placed.
2. Irregular menstrual cycles and spotting or light bleeding in between periods is normal for the first 3-6 months after the IUS is placed. Your periods may be heavier or longer than before. This bleeding can be annoying at first but hang in there! It will usually become lighter with the MIRENA or Jaydess quite quickly.
3. Your period will likely be shorter and lighter with the IUS. Approximately 1 in 5 women will stop having periods altogether with the IUS. This is safe and healthy for you—and often welcomed by the women lucky enough to skip their cycle!
4. The IUS does NOT PROTECT AGAINST SEXUALLY TRANSMITTED INFECTIONS including HIV, HPV, gonorrhea, chlamydia and herpes. Condoms should be used to decrease the risk of these infections. If you think you have been exposed to an STI, discuss testing with us. Most infections can be treated without removing the IUS.
5. The IUS is effective right away if it is inserted within the first week of the start of your period. If it is inserted at any other time in the cycle you need to use another method of birth control, like condoms, for the first seven days.
6. It is possible for the IUS to come out of your uterus. If it does slip out of place, it is most likely to happen in the first few months after being put in. This is uncommon! To make sure that your IUS is in place during this time, you can feel for the strings between periods. To check for the strings, wash your hands then place a finger into the vagina until you feel your cervix. It will feel firm and rubbery, like the end of your nose. The string ends should be coming through your cervix. They feel like thin wire-like strings. If you cannot feel the strings at all, the IUD may have moved out of place or the strings may have gotten tucked up in the cervix. Please call the clinic and abstain from intercourse or use a back up method of birth control, like condoms until you are seen.
7. Please keep your follow up appointment 4-8 weeks after the IUS has been placed. We will check to see you are doing and will do a quick gentle vaginal exam to make sure that your IUS is placed well.
8. Pregnancy is unlikely with an IUS but it can happen. If you have symptoms of early pregnancy like nausea and vomiting, breast tenderness, frequent urination or abdominal pain, you can take a pregnancy test. Please contact the clinic if you have a positive pregnancy test with an IUS in place.
9. The IUS needs to be replaced after three or five years but can easily be removed sooner if you choose to change contraceptive methods or wish to plan a pregnancy.

**Call our clinic or your family doctor if you experience**:

**Severe persistent abdominal pain not relieved by Tylenol or Advil**

**Heavy prolonged vaginal bleeding**

**Fever or chills associated with lower pelvic pain**

**Foul smelling vaginal discharge**

**Positive pregnancy test**

If you are unable to contact your family doctor or the clinic and have an urgent problem, please go to the local emergency department for assessment.