**Advice Regarding Coil Insertion**

**Firs House Surgery**

General points about having a coil, how it works and the risks of having it fitted will have been discussed and explained in detail during your pre-assessment appointment. Any necessary swabs will have been done/arranged during this appointment. This leaflet helps explain some of the practical details of the coil fitting and how to check it afterwards. For further detailed information about IUS/IUD please refer to the Family Planning Association’s website (FPA.org.uk).

**When to have a coil fitted**

There must be no risk of you being pregnant. You should either not have had sex from when your last period started or you must have been using a reliable contraceptive method for at least 3 weeks. If you have had sex without reliable contraception prior to this, a negative pregnancy test will be necessary before insertion is possible.

For a coil replacement (when the current coil is in date) either abstain or use condoms for the preceding 5 days.

If the current coil has expired, you must use an additional method such as condoms for at least 3 weeks before replacement.

**What to expect on the day**

It is a good idea to have a light meal before your appointment. You may wish to take a mild painkiller e.g. Paracetamol or Ibuprofen 30 minutes before your appointment.

Usually fitting is very straightforward, ranging from no pain to some discomfort. Very occasionally you may have more pain and feel faint afterwards. This is a normal side effect of the procedure. You may also have some crampy pains similar to a period and some bleeding. Mild painkillers can help.

**How your period may be affected**

A copper coil (IUD) is likely to cause heavier, longer and more painful periods and there may be slight bleeding between the periods, especially in the first few months.

The hormone coil (Mirena/IUS) will reduce blood loss during periods but some irregular and persistent bleeding is very common in the first few months; this should settle down (between 3-6 months) and 65% of women will have no bleeding at all at 1 year.

**Advice after a coil**

For 7 days after your coil is fitted- use pads and not tampons, and abstain from sex. It is recommended that you check the coil for yourself by feeling for the threads. You can do this by inserting the full length of the finger into the vagina and the threads will be found coming from the cervix (neck of the womb). You may need to practice this.

Check your threads initially and then after each period or once a month with the IUS. If you cannot feel the threads or they change in length or you can feel a hard end rather like a matchstick, please contact the surgery and arrange a check with Dr Manning and use another method of contraception such as condoms.

**Contact the surgery:**

* If you experience: pain in your lower abdomen, pain during intercourse, abnormal or severe bleeding, unusual vaginal discharge or a temperature as there may be an infection present.

If you have sudden lower abdominal pain and/or a sudden unexpected light or missed period (especially if you can not feel your coil threads) you must see a doctor, because if you become pregnant with a coil in place, there is a small possibility of this being an ectopic pregnancy (when a fertilised egg settles outside the womb and starts to grow).

**Review of Insertion Risks and Adverse Reactions**

**Intrauterine Device:**

* Pain on insertion (may be relieved by oral analgesic taken 30 minutes before insertion).
* Expulsion of IUD (approx. 1:20)
* Exacerbation of pelvic infection (risk of infections discussed at pre-fitting appointment)
* Increased risk of pelvic infection up to 20 days after insertion
* Menstrual abnormalities, including heavy or longer menstrual periods, spotting or light bleeding
* IUDs may cause cramping pains during menstruation, although this tends to lessen after time
* Displacement of IUD
* Uterine or cervical perforation (<1:1000) (Risk increased if 36w postnatally and breastfeeding)
* Vasovagal attack on insertion
* Allergy

**Intrauterine System** as with IUD insertion in addition:

* Irregular bleeding and spotting is common in the first 6 months, by 1 year amenorrhea or light bleeding is usual (Mirena).
* Functional ovarian cysts rarely a clinical problem
* Headaches
* Breast tenderness
* Acne

Further information can be found at:

IUD (Copper Coil):

 <https://sexwise.fpa.org.uk/sites/default/files/resource/2017-10/intrauterine-device-iud-your-guide.pdf>

IUS (Mirena/Jaydess/Kyleena): <https://sexwise.fpa.org.uk/sites/default/files/resource/2017-08/ius-your-guide.pdf>

Information for above adapted and compiled from FSRH guidance, FPA information and iCaSH information leaflets.

Created: March 2019

Review date: March 2021