

IUD pre-insertion – Patient Information

Copper IUDs	Hormonal IUDs	
Liberté \$70, Flexi T \$100 (costs are approximate)	Mirena \$400.00 (costs are approximate)	Kyleena \$400 (costs are approximate)
They are made of plastic and copper	They are all made of plastic and release a hormone called levonorgestrel.	
Main mode of action is to prevent fertilization of the eggs by the sperm As an emergency contraceptive it can prevent a fertilized egg from attaching to the uterus by interfering with the uterus lining.	Main mode of action is to prevent fertilization of the eggs by the sperm by thickening the cervical mucous. It can also prevent a fertilized egg from attaching to the uterus by interfering with the uterus lining.	
They are very effective with about 1 in a 100 women getting pregnant each year.	They are extremely effective, only about 2 in 1000 get pregnant each year.	
Periods become heavier, longer, and more painful by 20-50% for each woman. After 3 to 6 months, they get easier. There may be spotting in the first month.	There may be irregular bleeding up to 6 months, and then periods usually get lighter than normal. Some periods disappear completely.	There may be irregular bleeding up to 6 months, and then periods usually get lighter than normal. Kyleena can make you not have a period or have a lighter period
There are no hormonal side effects or benefits with this IUD.	Mirena decreases menstrual cramping and dramatically decreases menstrual blood loss (~80% reduction in menstrual blood loss). Mirena can reduce the pain of endometriosis. 23% of Mirena users have no menstrual bleeding.	Kyleena decreases menstrual cramping menstrual blood loss 18% of Kyleena users have no menstrual bleeding.
Liberté UT and Flexi T lasts 5 years Liberté TT 10 years	Mirena lasts 5 years 52mg of levonorgestrel released over 5 yrs. Daily rate of hormone release at one year: 20mcg/24hrs	Kyleena lasts 5 years 19.5mg of levonorgestrel released over 5 yrs. Daily rate of hormone release at one year: 12mcg/24hrs
Effective as emergency contraception up to 7 days after unprotected sex	NOT effective for emergency contraception	

How can I prepare

Leave plenty of time to get to your appointment and make sure you have eaten something in the hour or two beforehand. Arrive 10mins before your appointment time, this will allow for paperwork, a pee test and to use the washroom.

Usually pain medication is not needed before or after the IUD is inserted. If you feel cramping after your insertion you may take acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) to help with pain. Sometimes holding a hot water bottle on your lower abdomen also helps.

Insertion

The IUD is inserted during a simple clinic procedure (the actual procedure is only a few minutes). The doctor will examine you to see which way the uterus is positioned and then insert a speculum (like the one used for a PAP).

Next, some freezing is placed in the cervix (this is optional but recommended for pain control), the cervix is then held in position and the uterus is measured for length, and the IUD is then placed inside the uterus. Most women feel cramping during the process of measuring, as well as when the IUD is placed. It is normal for the cramping to last a few minutes, and some will experience cramps for the rest of the day, and perhaps into the next morning. Occasionally some women feel queasy or lightheaded after the procedure. If possible, bring someone to drive you home after.

Risks of IUD Insertion

Uterine perforation: rate of 1 per 1000 insertions (rare). All perforations occur or are initiated at the time of IUD insertion.

Infection: a rate of 1 in 1000 risk for pelvic infection exists in the 20 days following the insertion but the risk is the same as a non-IUD user thereafter.

Expulsion: Approx. 5% or 5 in 100 risk of IUD expulsion (falling out) leading to risk of pregnancy, usually in 1st year. A user who has previously expelled an IUD has a 30% chance of expelling a subsequent IUD.

Failure: If a woman becomes pregnant with an IUD in place, the presence of an ectopic (also known as tubal) pregnancy must be excluded. If the woman chooses to continue the pregnancy, the risk of miscarriage is increased as long as the IUD remains in place.