your guide to
the IUS

Helping you choose the method of contraception that is best for you
The intrauterine system (IUS)

An IUS is a small T-shaped plastic device which contains a progestogen hormone. This is similar to the natural progesterone that women produce in their ovaries.

A trained doctor or nurse will put the IUS into your womb. It slowly releases the progestogen hormone.

The IUS has two soft threads at one end which hang through the opening at the entrance of your womb (cervix) into the top of your vagina.

An IUS works for up to five years. The IUS available in the UK is called Mirena.

Questions & Answers

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How effective is an IUS?
How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions. If 100 sexually active women don't use any contraception, 80 to 90 will become pregnant in a year. The IUS is over 99% effective. This means of every 100 women who use an IUS, less than 1 woman will get pregnant in a year.

When will an IUS start to work?
Immediately, if it is fitted within the first seven days of your menstrual cycle. If it is fitted at any other time, you will need to use an extra contraceptive method for the first seven days.

How does an IUS work?
- It makes the lining of your womb thinner so it is less likely to accept a fertilised egg.
• It also thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg.
• In some women it stops the ovaries releasing an egg (ovulation), but most women who use an IUS ovulate.

**What are the advantages of an IUS?**

• It works for five years.
• You don’t have to think about contraception for as long as it works.
• It doesn’t interrupt sex.
• Your periods usually become much lighter and shorter, and sometimes less painful, so an IUS can be useful if you have heavy, painful periods.
• Your normal fertility returns quickly when the IUS is removed.
• Unlike some methods of contraception, the IUS is not affected by other medicines.

**What are the disadvantages of an IUS?**

• Most women have irregular bleeding for the first three months or so. This should settle down.
• You may get temporary side-effects such as
headaches, spotty skin and breast tenderness. These usually go away after a few months.

- Some women may have cysts on their ovaries in the first few months. These are not dangerous and do not usually need to be treated. Often there are no symptoms, but some women may have pelvic pain. These cysts usually disappear without treatment.

- There is a very small chance of you getting an infection during the first 20 days after an IUS is put in. You may be advised to have a check for any possible existing infection before an IUS is fitted.

- An IUS does not protect you against sexually transmitted infections, so you may need to use condoms as well.

- The IUS can be pushed out of your womb (expulsion) or it can move (displacement). This is more likely to happen soon after it has been put in and you may not know it has happened. This is why your doctor or nurse will teach you how to check your IUS threads every month.

- It is not common, but there is a risk that an IUS might go through (perforate) your womb or cervix when it is put in. This may cause pain, but often there are no symptoms. If this happens, the IUS may have to be removed by surgery. The risk of perforation is low when an IUS is fitted by an experienced doctor or nurse.

Can anyone use an IUS?

Most women who want to use an IUS can do so, including women who have never been pregnant and women who are HIV positive. Your doctor or nurse will need to ask you about your own and
your family's medical history. Do mention any illness or operations you have had. Some of the conditions which **may** mean you should not use an IUS are:

- you think you might already be pregnant
- cancer of the womb, ovary or breast
- active liver disease
- unexplained bleeding from your vagina (for example between periods or after sex)
- a heart attack, stroke (severe arterial disease) or thrombosis (blood clots)
- an untreated sexually transmitted infection or pelvic infection
- problems with your womb or cervix.

**Where can I get an IUS?**

You can go to a family planning clinic, sexual health clinic or to your general practice. Some GPs and practice nurses will fit an IUS, but not all. All treatment is confidential and free.

**How is an IUS put in?**

An IUS is best fitted during the first seven days of your menstrual cycle, but it can be fitted at any time. The doctor or nurse must make sure there is no chance of you being pregnant. They will examine you internally to find the position and size of your womb before they put in an IUS. Sometimes they will check for any possible
existing infection. It is best to do this before the IUS is put in. Sometimes antibiotics may be given to you at the same time as fitting the IUS.

Fitting an IUS takes about 15-20 minutes. It can be uncomfortable, or painful for some women, and you might want to have a painkiller or local anaesthetic. Your doctor or nurse should talk to you about this beforehand. You may get a period-type pain after the IUS is fitted. Painkillers can help with this.

What if I feel unwell after the IUS is put in?

If you feel unwell and have any pain in your lower abdomen, with a high temperature or a smelly discharge from your vagina in the first three weeks after the IUS is fitted, see a doctor or go back to the clinic where it was fitted as soon as possible. You may have an infection.

How will I know that the IUS is still in place?

An IUS has two threads attached to the end that