

## Copper Containing IUCDS: Multiload CU 375 Or Copper-T 380A

### What does an IUD do?

IUD stands for intra-uterine device. Otherwise known as IUCD. An IUD does not guarantee absolute protection against pregnancy but it is very effective. Pregnancy rates are less than 1% per year. There is no “user error” component. It works as soon as it is inserted.

### A Brief Anatomy Lesson

The womb or uterus is a pear shaped muscular organ slightly smaller than the palm of your hand. The uterus is joined to the cervix or mouth of the womb and enters the vagina at the top. The fallopian tubes extend from both sides of the upper part of the uterus towards the ovaries. The ovaries are separate organs although they lie in close proximity to the uterus. The ovaries produce eggs which are smaller than a full-stop. Ordinarily they may be picked up by the fallopian tubes and transported to the uterus. The normal site of fertilization is in the mid part of the fallopian tube. The fertilized egg or embryo arrives in the uterus which frequently implants in the uterine wall and creates a pregnancy. Copper containing IUDs create what is called a “sterile inflammatory response” within the uterus which inhibits the joining together of the sperm and egg. In addition, it renders the inside of the uterus a poor environment for an embryo to implant. It has been known that inserting foreign bodies in the uterus in this way has been useful to prevent pregnancy, for several thousand years.

## Who should not use a Copper IUD?

You should not use a Copper IUD if any of the following apply:

1. Tumours of the womb or cervix including an abnormal Pap smear for which treatment is imminent.
2. Abnormal vaginal bleeding of unknown cause.
3. Current pregnancy.
4. Caution if past history of pelvic inflammatory disease.
5. Gross anatomical abnormalities of the womb or cervix such as many or large fibroids.
6. Recent pelvic infection.
7. An infected miscarriage or abortion within the last two or three months.
8. An allergy to copper or disease where copper storage is disturbed, such as Wilson's disease.

## What you should consider before using a Copper IUD

1. IUDs do not protect against HIV or any other STD. In fact, there is a small chance that transmission may be increased. Therefore you may still need to use condoms.
2. It is rare for Copper IUDs to be affected or to affect other medicines that you may be taking. However, because IUDs work by creating a sterile inflammatory response within the uterus, it is thought that women on high doses of corticosteroids or immune suppressive drugs such as after transplantation may get less reliable contraceptive protection from an IUD.

## Copper IUDs and Other Treatments

The manufacturers consider that magnetic resonance imaging (MRI) is safe in the presence of a Copper IUD. In addition, xrays and ultrasounds may be taken. The IUD is impregnated with barium salt which renders it radio-opaque, ie, able to be picked up on xray.

## Copper IUDs and Pregnancy

Pregnancy in the presence of an IUD may lead to complications. You should contact your doctor if your period is more than two weeks late. It is worth noting that a greater proportion of pregnancies in the presence of an IUD are indeed ectopics (in the fallopian tube). If your period is two or more weeks late, if you have severe abdominal pain, especially if it lies to one side or is associated with shoulder tip pain, if you are dizzy, fainting or have a temperature, you should contact your doctor straight away.

## Insertion of a Copper IUD

Not every patient is suitable, and at your initial consultation you will be examined and the feasibility of using an IUD assessed. I will also ascertain whether or not you will be suitable to have the IUD inserted awake or if you will require a general anaesthetic. The Copper IUD comes pre-loaded in a 3 – 4 mm diameter plastic tube (like a drinking straw) which usually passes easily through the cervix, thereby introducing the IUD into the womb. The IUD has a thin nylon string attached to its end which is trimmed so that around 2 – 3 cm of string lie outside the cervix. The function of the string is so that we may be sure that the IUD has not fallen out and so that the IUD can be removed at a later date if necessary. Removing an IUD simply requires a speculum examination at which point the string from your IUD is grasped with some forceps (tweezers) and given a short, sharp tug. Neither you nor your partner should be aware of the IUD. If you should tell your doctor. Occasionally an IUD is pushed out of the womb (expulsion). When changing sanitary pads, at least for the first few months, you should look to see if the IUD has fallen out.

## Follow-up After Insertion of an IUD

Generally speaking, I would like to see you around six weeks after insertion, following which you will have had your first period and I will be able to make sure that the IUD hasn't fallen out. This is also a good time to discuss any small problems that may have arisen. You should then have a doctor's review once a year. Recommendations are that you should have annual swabs to exclude colonization of the IUD string by abnormal bacteria which may cause infection. Pap smears however can still be performed on a second-yearly basis.

## Complications Specific to Insertion and Use of a Copper IUD

Soon after insertion you may have lower abdominal pain or cramps and spotting. The spotting is worse for the first three months and responds well to the use of non-steroidal anti-inflammatory drugs such as Voltaren, Nurofen and Naprogesic. These may need to be taken on a semi-regular basis for the first few weeks. After things settle down it is quite common for periods to be slightly heavier in the presence of a Copper IUD. Therefore if your periods are already borderline or heavy, a Copper IUD may not be a good choice.

## Infections of the Sex Organs or Urinary Tract

During the first few weeks to months after insertion of an IUD there is statistically, in all subjects taken as a whole, a slightly higher chance of getting a pelvic infection. This tends to be related simply to insertion. Insertion is carried out as a sterile procedure and you will be screened or pre-screened for concurrent infections such as Chlamydia, which may cause infection. In the presence of active infection, an IUD will not be inserted. You will need antibiotics first. Having multiple pelvic infections can seriously affect your fertility in the future. It is for this reason that IUDs are not the first choice of contraception for young women who have not yet had families although sometimes there are still good reasons for using one. Signs of infection may be as follows:

- High temperature (higher than 37.5)
- Persistent lower abdominal pain and cramping
- Pain during or after sex
- Prolonged or heavy bleeding
- Unpleasant smelling vaginal discharge

## Breakage or inability to remove an IUD at the end of its useful life

If an IUD may be broken or cannot be removed due to the breakage of the string, a curette will be required to remove the IUD. Even more rarely, IUDs have been known to work their way through the uterine wall and end up in the pelvis, which may also require surgery to correct. I would have to stress that this complication is extremely rare.

## Complications Related to Insertion

No matter how brave a patient may be or how high their pain tolerance, passing an IUD through the cervix sometimes elicits a reflex fainting response, nausea and sometimes vomiting. If you think you may be prone to fainting or have difficulty undergoing procedures in doctor's surgeries such as dental work, then you should strongly consider having your IUD inserted under anaesthetic.

