

Insertion of Progesterone Releasing Intra-Uterine Device (MIRENA)

What Happens?

The Mirena device is a small T-shaped white plastic IUD containing progesterone hormone which has a beneficial effect on menstrual flow, period pain and provides contraception. The Mirena device comes from the manufacturer loaded in a 4 mm diameter plastic tube which is passed into the cervix or mouth of the womb either under anaesthetic or in the doctor's office. The Mirena is deployed from the end of the plastic tube and remains in the uterus.

Purpose

While invented as a contraceptive device, the Mirena is more commonly used in order to control period pain or heavy periods. The Mirena is a very useful adjunct in the treatment of endometriosis.

Preparation

If you are having a sleeping anaesthetic prior to your insertion of Mirena, you will be required to fast for around six hours. Please check with my secretarial staff if you are not sure from when to fast. Some patients, depending on their medical condition and associated conditions, may need blood tests, imaging studies or other investigations to be performed. The operation can be performed during a period. If inserted under general anaesthetic, it is usual to combine the procedure with hysteroscopy and curettage in order to more clearly define the uterine anatomy and exclude other causes of heavy bleeding. It is important to give Dr. Thomas a full list of your medications prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets which may have an unpredictable effect on the blood's ability to clot.

Insertion in the Office

First and foremost, it is important to know that you are not currently pregnant. For this reason I like to insert a Mirena soon after a period. You should continue your current method of contraception prior to the insertion. **You should also perform a home pregnancy test on the day of the procedure.** You should take some pre-emptive analgesics such as Nurofen, Naprogesic or Panadeine prior to attending. I may also give you some Misoprostol tablets which soften the cervix to aid the device's insertion.

Duration of Procedure

Around fifteen minutes.

Post-Procedure Care: Day Surgery

After leaving the operating theatre you will usually have a drip or intravenous line in-situ. This is to maintain your hydration as you will have been fasting prior to the procedure. You will be cared for in the Recovery Area of the Operating Theatre which involves one on one care by a specialist member of the nursing staff. After around one to two hours you will be offered something to eat or drink if appropriate, will be able to change back into your street clothes and arrangements for discharge will be initiated. The vast majority are performed as day surgery.

After Office Procedure

It is common to experience some lower abdominal cramping or spotting. A small proportion of women experience "cervical shock" which includes an intensely nauseated feeling, or sometimes fainting. This generally resolves within a few minutes. If a fainting episode occurs you may be given some subcutaneous or intravenous medication (Buscopan) in order to help your recovery. I'd like you to wait around the office for ten minutes before you leave. Ideally arrange for someone to drive you to and from the office.

Post-Discharge Care

Most patients should be able to resume normal activities within one to two days. Mild cramping and spotting may occur over a few hours to days and may persist for some months. Cramping is treated best with non-steroidal anti-inflammatory medication such as Naprogesic or Nurofen. Bathing is allowed but swimming in public pools should be avoided whilst bleeding. Your next period may occur within four to six weeks post procedure and may not be the same as your

regular period. Excessive bleeding after the procedure is very uncommon. I am unable to give you an exact figure as to how long the spotting will persist. You should definitely notify me if you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to regular doses of simple analgesics or a foul smelling vaginal discharge. For further details regarding the effects of the Mirena refer to printed product info or go to www.mirena.com.

Complications Specifically Related to Mirena

You will be screened for abnormal Pap smears and concurrent cervical infections prior to or during the insertion procedure. The insertion is done in a sterile fashion however rarely bacteria may ascend into the uterus and spread into the pelvis. This may need treatment with antibiotics and rarely may contribute to infertility and for this reason IUD's are not the first-line contraceptive choice for those who have not yet had children. However recent evidence suggests that the chance of infection is probably over-estimated and for this reason the Mirena is probably underutilized.

- Abnormal bleeding in the first three months. This usually settles. If not, the device may need to be removed.
- Androgenic side effects (male hormone effect). Around 8% of women will experience some hormonal side effects such as sore breasts, acne or change in mood. These are generally short-lived although in some cases the Mirena needs to be removed.
- Expulsion of the device occurs in around 1:20 women. This generally occurs in women with a large or distorted uterus such as with fibroids. If this happens pregnancy is a possibility.
- Around one in eight women may experience ovarian cysts which cause pain or painful sex. These generally spontaneously resolve. Very rarely, ongoing monitoring or surgery may be required.
- Around one in eight women may experience *ovarian cysts*. These generally spontaneously resolve.
- Sometimes the Mirena may not be completely effective in controlling your heavy periods or pelvic pain. Case specific.
- Failure of contraception. The manufacturers quote around 1:600 women. There is a slightly higher proportion of ectopic (tubal) pregnancy.
- Perforation of uterine wall. Sometimes the Mirena creates a false passage or subsequently works its way into the wall of the uterus. The device may need to be removed and a laparoscopy may be required to do this. I would emphasise that this complication is exceedingly rare.

Failure to Complete The Procedure

The procedure may not be able to be completed if there is an abnormality in cervical or uterine anatomy or if the cervix is excessively tight or scarred. If this is so, then further means of contraception or period control may be required until arrangements can be made to complete the procedure under general anaesthetic.

Results from Examination

Pathology results from curettage may take at least forty-eight hours. In most cases a post-operative visit will be scheduled for between two and six weeks after the procedure depending on your particular circumstances.

Consent

I have been recommended to have: **Hysteroscopy & Curettage with Insertion of Mirena, in order to treat:**

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Potential issues related to my condition / circumstances may be:

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I understand the above and choose to proceed:

(Signed)

(Print Name)

(Date)

