



IUC FITTER FORUM 2022

Jane Simpson
Clinical Lead for
Contraception
Devon Sexual Health-
Torbay



PLAN FOR THE EVENING

Update

- Levosert
- Pain control during fit
- Nurse Perspective
- Interesting cases

Networking

Sharing ideas and practice

Meet our team of fitters



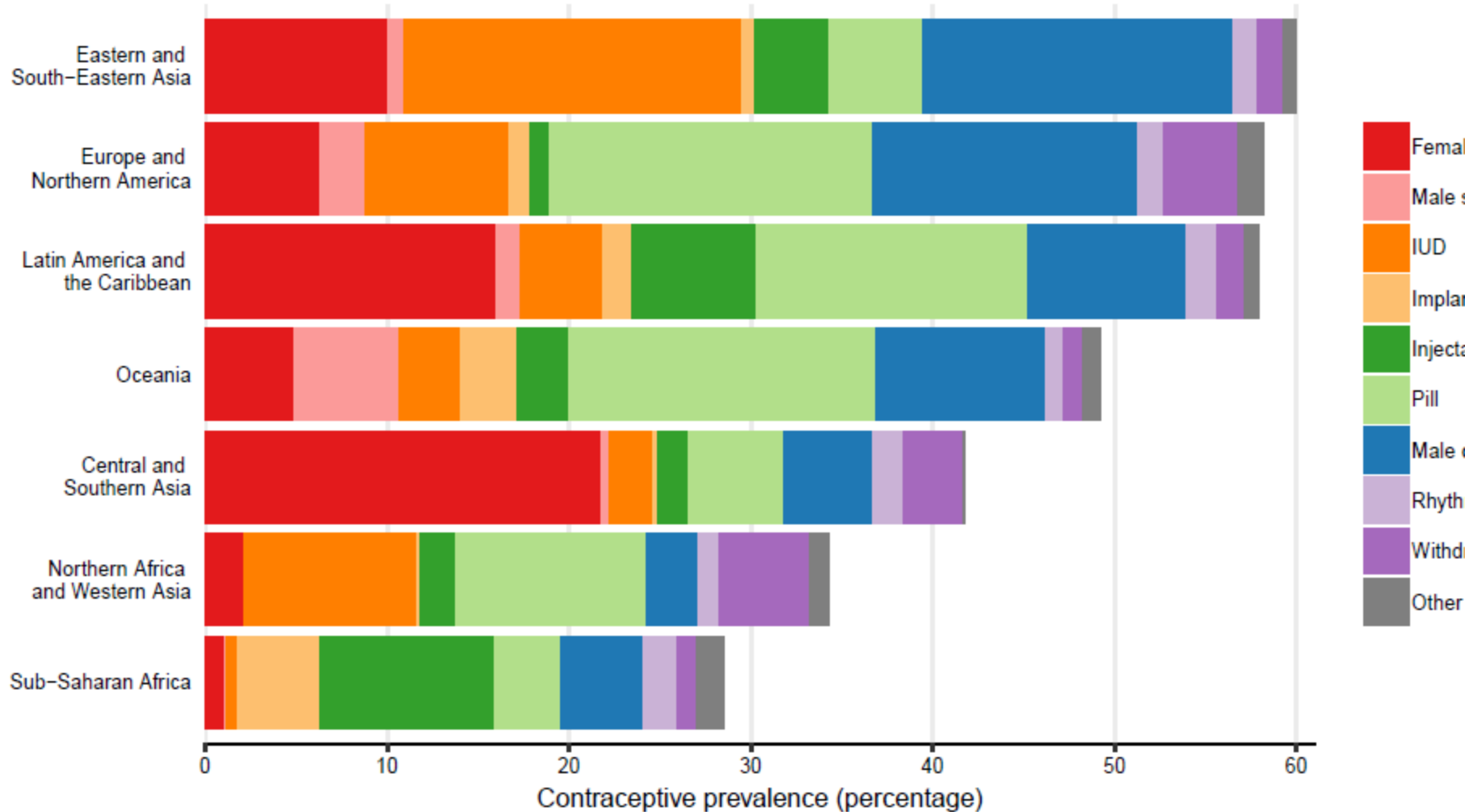
United Nations

Department of
Economic and
Social Affairs

Contraceptive Use by Method 2019



Figure 3. Contraceptive prevalence by method among women of reproductive age (15-49 years), by region, 2019



Source: Calculations are based on the data compilation *World Contraceptive Use 2019*, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for...

DSH (ALL 3 HUBS)

Last 12 months:

- 2,314 IUCs fitted for contraception purposes (pre-pandemic levels)

Primary care activity?

FRSH GUIDANCE

UKMEC 2016

CEU Intrauterine Contraception 2015- updated 2019 (new update awaited)

CEU Emergency contraception 2017- amended 2020

CEU Contraception for women aged over 40 years 2017

- All available on FSRH website

NICE QS Contraception 2016.

- [nice.org.uk/guidance/qs129](https://www.nice.org.uk/guidance/qs129)

WHAT ARE WE FITTING?

Copper IUDs

- T Safe Cu 380A /QL
- Nova T 380
- Neo-Safe T Cu 380
- TT 380 and mini TT380

- IUB?
- Others?

Hormonal IUS

- Mirena (5 years)
- Levosert (6 years)
- Kyleena (5 years)
- Jaydess (3 years)

- Benilexa?

LEVOSERT

Equivalent to Mirena- 52 mg LNG

Same size frame- 32mm x32mm

Insertion tube diameter 4.8mm (Mirena 4.4)

Blue threads rather than brown

2 handed inserter

Contraception licensed = 6 year

BUT NOT licensed for endometrial protection

Cost- £66 (Mirena £88)

Makes Levosert the most cost effective LARC



LEVOSERT

We consider in :

- Parous women
- < age 40

- Any thoughts?

FOR HOW LONG CAN A 52MG LNG-IUS BE USED?



THE ANSWER IS.....

If fitted \geq 45yr- can be used till age 55 then remove (FSRH CEU guideline, Contraception for women aged over 40 years)

Can be refitted at any time within 7 years of fit if PT negative + advise repeat PT 3w later (off label) !

Use up to **5yr** as part HRT regime (off label)-Mirena only

If using just for bleed control? For as long as it works...

IUS FOR NON CONTRACEPTIVE REASONS

IUS as endometrial protection with HRT

- Use off label for up to 5yrs BUT not over no matter age of user

We are NOT commissioned to provide IUS unless for contraception use

We are not a gynae assessment service

- Negotiations with CCG/amendment to formulary

WHAT DO WE DO AND WHY



WHAT CHALLENGES YOU MOST?



KEY POINTS.....

No evidence that cervical cleansing reduces risk of pelvic infection

Routine cervical dilatation is not required

Use of anaesthetics

Screening- if asymptomatic can screen and fit on the day- no need for antibiotic prophylaxis

Coil fitting agony: 'My screams were so loud'

21 June



Top Stories

China denounces US-UK-A pact as damaging

The alliance will allow Australia to deploy nuclear-powered submarines in the South China Sea.

1 hour ago

Military to be called in to help ambulance crews

19 minutes ago

Health worker's joy as first COVID-19 vaccine rolled out

7 hours ago

Features



PAIN WITH IUC INSERTION

Studies mostly show mild-moderate pain scores

Anxiety worsens pain scores

Clinicians tend to underestimate pain scores

Good “vocal local” helps

Offer LA (or refer on)

Reassure can stop at any time

LA/ANALGESIC OPTIONS

Oral NSAIDs: post-procedure pain

Xylocaine spray: 4 puffs to cervix, wait 3 minutes

Emla: 7-10 minutes to work

LA Block: dental syringe and mepivacaine, wait 3 minutes

MUST HAVES.....

Training- LoClUT

Consent....verbal or written?

An appropriately trained assistant.

Vulsellum.

Uterine sound.

Atropine and Oxygen (FSRH service standards 2016)

Useful items : broad/long speculae, cytobrushes, spencer wells forceps, thread retriever, dilators.



POST FIT ADVICE

Abstain?

Extra precautions?

Use of tampons, mooncups, gym vibration plates, MRI scanners?

Thread check?



FOLLOW UP AND ON GOING MANAGEMENT

6w check- not essential but....

Non visible threads?

Low lying IUCs?

Unscheduled bleeding with LNG-IUS- ? COCP/Red flags

Difficult removals?

Consider ectopic in any one with IUC with pain and/or bleeding

IUC PAIN/BLEEDING

What do we need to exclude





PID WITH IUC

Do you keep the IUC in situ?

When should you review?

When should you consider removing the IUC?

How soon could you refit an IUC post PID?

RISK OF PERFORATION

EURAS study- published 2014

46,000 recruited

similar risk for IUD and IUS

Perforation rate in non breastfeeding women =
0.67/1000

6 fold increase in breastfeeding women

Increased risk in <30w post partum

3.9 fold increase if fitting <50per year

No permanent or serious complications

WHEN WOULD YOU NOT FIT?



CARE WITH.....

Pregnancy risk.

Cardiac disease: high risk of vasovagal- should involve cardiologist and fit in hospital setting

Post pregnancy: immediate fit at partum or >4w post natal- care re perforation (breast feeding).

Post MTOP?

Other situations.....?



CASES

Perforation

Insertion in trans-male

Any others ?

ANY FURTHER ISSUES?

Email: jane.simpson24@nhs.net

www.devonsexualhealth.co.uk

FSRH guidance and news statements

thank
you

