


LOS OLIVOS
WOMEN'S MEDICAL GROUP
OBSTETRICS – GYNECOLOGY – INFERTILITY

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Information and IUD Consent

An intrauterine device (IUD) is a plastic device that is inserted into the uterus in the office to prevent pregnancy. Two IUDs are currently available: 1) the Mirena IUD contains a small amount of a progesterone hormone called levonorgestrel, which is released in the endometrial cavity continuously over a five year period, and 2) the Paragard IUD or Copper T 380A releases copper locally and is effective for up to ten years. The best candidates for an IUD are women who have a normal uterus and are at low risk for a sexually transmitted disease or STD (long-term, steady relationship with one partner with no infection).

The Mirena IUD works by thickening the mucus plug in the cervix (the entrance to the uterus), thus blocking sperm entry. Another possible mechanism of action is to inhibit ovulation. The Paragard IUD reduces sperm motility and function. It is also likely to prevent implantation in the event of conception. The reported failure rate of the Mirena is as 0.1% to 0.7%, while the Paragard is 0.6% to 0.8%.

Along with preventing pregnancy, the Mirena IUD has another significant health benefit. The lining of the uterus is thinned due to the local release of progestin, and this leads to lighter menstrual flow. However, during the first three to six months, irregular and frequent bleeding may occur as the body adjusts to the IUD. After six months of use approximately 50% of women have only light spotting, on average of about three days per month. 20% of women stop having periods altogether after one year of use. The copper-containing IUD may cause heavier bleeding or cramping with your menstrual period. This is likely to get better with time and can be relieved with ibuprofen.

IUDs have been used for many years to prevent pregnancy. In the past, there were problems with some IUDs due to design flaws and use in women at risk for sexually transmitted infections. Changes in IUD design and careful patient selection have made IUDs an extremely safe form of birth control. It is important to remember that IUDs are safest when used only by women in long-term, monogamous relationships.

Risks associated with an IUD include: 1) inadvertent pregnancy, 2) tubal pregnancy (the treatment of a tubal pregnancy is surgery and may involve the removal of your tube), 3) pelvic infection (may cause tubal scarring, infertility or result in need for surgery or even a hysterectomy), 4) perforation of the uterine wall (which may require surgery to remove the IUD), 5) if a pregnancy occurs with an IUD in place, it may result in miscarriage and

6) expelling the IUD through the cervix. Side effects associated with the IUD include lower abdominal cramping and/or irregular bleeding.

Any woman who has multiple partners or a partner with outside sexual relationships is at increased risk of acquiring sexually transmitted diseases and should not use an IUD. Women with the following conditions are also advised not to use an IUD: 1) previous ectopic pregnancy, or high risk for ectopic pregnancy (for example, women with blocked fallopian tubes), 2) history of pelvic inflammatory disease (PID), 3) congenital malformation of the uterus, 4) large fibroids, or fibroids of any size that distort the uterine cavity, 5) active liver disease or liver tumors, 6) allergy to levonorgestrel, silicone, polyethylene or copper, 7) known or suspected breast cancer, 8) recent post-partum or post-abortion infection of the uterus, 9) Leukemia, AIDS or other conditions that predispose to infection.

Women who attempt pregnancy after using an IUD have the same rates of pregnancy as normal couples; fertility returns to baseline for that patient immediately after removal. It is generally recommended to wait until after having at least one child before using an IUD. Women who have not yet given birth generally have higher rates of expelling IUDs, and may have more cramping during IUD use.

The process of having an IUD inserted usually takes only about 5 to 10 minutes. Both IUD's are placed using a special applicator that is introduced through the cervix into the uterus. During the procedure, most women feel cramping which can be reduced by taking ibuprofen before the procedure. After the insertion, the string at the end of the IUD will extend through the cervix but should not bother you or your partner. The IUD is usually placed during your menstrual cycle or post-partum when the cervix is softer and slightly dilated. It should not be placed if there is any chance of pregnancy.

Some patients check the IUD string after each menstrual period. In most cases, you should have a check-up about one month after having an IUD inserted to make sure the IUD is still correctly placed. A clinician should then check the location of the IUD once a year. If at any time you develop fever or chills with pelvic pain or tenderness, severe cramping or unusual vaginal bleeding, contact your doctor to make sure no pelvic infection is present. If you are no longer in a monogamous relationship, you are more likely to be exposed to sexually transmitted diseases and condoms should also be used. The IUD should only be removed by a doctor. Removal is usually a simple procedure.

My physician has reviewed this consent form with me and has answered all my questions. I request an IUD insertion.

Patient's signature: _____ Type of IUD: _____

Witness: _____ Date: _____

Further information can be viewed at www.mirena-us.com or www.paragardiud.com.