Mirena Coil

Also known as the hormonal coil, intrauterine system or IUS

LONDON PRIVATE GYNAECOLOGY

Individualised Evidence-Based Care

This leaflet explains what a Mirena coil is, why it may be recommended and what to expect before, during and after insertion with Mr Subramanian.

What is a Mirena coil?
The Mirena is a small, soft, plastic T-shaped device that is placed inside the womb. It slowly releases a hormone called levonorgestrel (a progesterone-like hormone or progestogen).

What can a Mirena be used for?
A Mirena can be used:

- to reduce heavy menstrual bleeding
- to help with painful periods or endometriosis-related symptoms
- as the progestogen part of HRT (hormone replacement therapy), to protect the lining of the womb if you are taking oestrogen replacement (patches, gels or tablets)
- as a very effective, long-acting method of contraception for up to 8 years

The Mirena coil is over 99% effective at preventing pregnancy. It does not protect against sexually transmitted infections. Therefore, condoms should be used to reduce the risk of sexually transmitted infections, including HIV.

How does a Mirena coil work?
The Mirena slowly releases levonorgestrel, a progesterone-like hormone known as a progestogen, into the womb.

It helps prevent pregnancy by:

- thickening the mucus at the neck of the womb, making it harder for sperm to enter the womb and reach an egg
- keeping the lining of the womb thin, which makes it less suitable for implantation
- stopping ovulation in some women

For heavy or painful periods:

- The Mirena makes the lining of the womb thinner, so there is usually less bleeding each month
- The Mirena reduces production of substances called prostaglandins, which are responsible for many period cramps

What should I expect with my periods?
Bleeding often changes after the Mirena coil is fitted. In the first 3 to 6 months, periods may be irregular, longer, lighter, heavier or you may have spotting between periods. This usually improves with time.

After three to six months, periods often become lighter, shorter and less painful. Approximately 1 in 3 women will stop having periods altogether. Not having periods with the Mirena is usually safe and does not mean that blood is building up inside the womb. It happens because the womb lining stays thin. It is this womb lining that bleeds as your period. A Mirena also reduces the risk of developing polyps in the lining of the womb.

How long does a Mirena coil last?
This depends on why you are using it:

- For contraception: can be used for up to 8 years. If it was fitted at age 45 or over, Mr Subramanian may advise that it can be used for contraception until age 55, depending on your history.
- For heavy or painful periods: review at 5 years.
- For HRT (hormone replacement therapy) womb-lining protection: the licence is for 4 years, but it is commonly used for 5 years in clinical practice. This will be reviewed with you.

When does it start working as contraception?
If the Mirena is fitted within the first 7 days of the start of your period, it is effective immediately. If it is fitted at any other time in your cycle, pregnancy must first be reliably excluded. You should use condoms or avoid sex for the first 7 days after fitting, as the Mirena will not provide full contraceptive protection during this time.

Breastfeeding
The Mirena can be used while breastfeeding and does not usually affect your baby or milk supply. The timing of fitting after birth should be discussed with your clinician as there is a higher risk of displacement or perforation if fitted in the first six weeks postpartum.

Before a Mirena is fitted
Mr Subramanian will ask about your medical history and may offer:

- A pregnancy test
- STI testing
- Pelvic ultrasound

Mr Subramanian will ask about a history of breast cancer, womb or cervical cancer, liver disease, unexplained vaginal bleeding, pelvic infection including sexually transmitted infections, fibroids, problems with your womb or cervix, serious heart disease, stroke or if you take regular medicines. Please inform us of any of this history and we will discuss your individual case and risks with you.

During the procedure
The Mirena can be fitted in clinic by Mr Subramanian, following a pelvic ultrasound. The fitting itself takes about 5 to 10 minutes, although the appointment will be longer. A speculum is placed in the vagina, like during a cervical smear test, and the Mirena is passed through the cervix into the womb. Local anaesthetic and Instillagel are used to reduce discomfort.

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Instillagel is a lubricating gel containing a local anaesthetic, which helps numb the area. Most women experience some cramping or period-like pain during or after fitting. The coil can also be fitted under sedation or general anaesthetic, such as at the time of hysteroscopy.

After the procedure
You may have period-like cramps and light bleeding for a few days. Simple pain relief such as paracetamol or ibuprofen may help, if you can take these safely.

You can usually return to normal activities, including work, the same day or the following day.

We will arrange an ultrasound scan with Mr Subramanian approximately 6 weeks after your coil fitting to check that the Mirena remains correctly positioned within the womb. This is a routine check, as a coil can occasionally move after insertion. If it is not in the correct position, it may be less effective and may need to be repositioned or replaced.

Possible risks and side effects
Many women have no side effects. Side effects are more common in the first few months and often improve.

Expected
- Cramping pain during insertion and for a few days afterwards
- Light bleeding or spotting after insertion
- Irregular bleeding or spotting during the first 3-6 months
- Lighter periods over time, with some women having no periods at all

Common side effects
- Headache
- Acne
- Breast tenderness
- Mood changes
- Ovarian cysts (usually temporary and harmless)

Mirena releases most of its hormone directly inside the womb, and hormone levels in the bloodstream are lower than with oral hormonal contraception. This may reduce whole-body hormonal side effects, although they can still occur.

These symptoms often improve over time. If breast tenderness, mood changes, acne, headaches or any other symptoms are troublesome, please speak to Mr Subramanian.

Uncommon complications
- Pelvic infection, usually within the first few weeks after insertion
- Expulsion (the Mirena partially or completely coming out)
- Coil migration/lost strings

Rare complications
- Uterine perforation (a small hole in the wall of the womb) during insertion. This occurs in approximately 1-2 per 1,000 insertions and is more common in women who are breastfeeding or who have recently given birth.

Ectopic Pregnancy
Pregnancy with a Mirena in place is uncommon. However, if pregnancy does occur, there is a higher likelihood that it could be ectopic (outside the womb). The absolute or overall risk of ectopic pregnancy remains very low because Mirena is such an effective contraceptive. Seek urgent medical advice if you have a positive pregnancy test, severe lower abdominal pain, shoulder-tip pain or feel unwell.

Removal
Mr Subramanian can remove Mirena at any time by gently pulling on the short threads that remain at the cervix (neck of the womb). Fertility can return straight away after removal. If you do not want to become pregnant and you are not having another coil fitted at the same appointment, use condoms or another contraceptive method for 7 days before removal.

When to seek medical attention
Seek urgent medical attention if you experience:
- Severe or worsening abdominal pain
- Heavy bleeding, for example soaking pads quickly or passing large clots
- Fever 38°C or above, chills or feeling very unwell
- Smelly vaginal discharge
- A positive pregnancy test or symptoms of pregnancy
- Pain during sex or your partner can feel the threads and this is uncomfortable

These symptoms can be signs of infection, movement of the coil, pregnancy or another problem that needs assessment.

How do I make an appointment?
You can make an appointment either by emailing us at **info@londonprivategynaecology.co.uk** or contacting **07379 271915** and we will be happy to assist you with appointments, scheduling and any questions you may have.

How to book or ask a non-urgent question

Email:
info@londonprivategynaecology.co.uk

Phone: 07379 271915

If you have urgent symptoms after surgery, use the hospital discharge number you have been given. If you cannot get advice promptly, contact NHS 111 or go to A&E. Call 999 for chest pain, severe shortness of breath, collapse, or very heavy bleeding with faintness.

Outpatient appointments:
- The Medical Chambers Kensington, 10 Knaresborough Place, London, SW5 0TG
- HCA Healthcare UK Chelsea Outpatients, 272 King's Road, London, SW3 5AW
- 86 Harley Street, London, W1G 7HP

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