

Thinking of a Mirena IUS?

How it works

The IUS is similar to the IUCD but instead of releasing copper like the IUD, it releases the hormone **progesterone** into the womb.

It thickens the cervical mucus, which makes it more difficult for sperm to move through the cervix, and thins the lining of the womb so an egg is less likely to be able to implant itself.

For some women, it can also prevent the release of an egg each month (ovulation), but most women continue to ovulate.

If you're 45 or older when you have the IUS fitted, it can be left in until you reach the menopause or no longer need contraception.

Advantages and disadvantages of the IUS

Advantages:

- It provides 6, 5 years or 3 years of contraception, depending on the brand.
- It's one of the most effective forms of contraception available in the UK. It is more than 99% effective.
- It does not interrupt sex.
- Your periods can become lighter, shorter and less painful – they may stop completely after the first year of use.
- The Mirena IUS can also be used to treat heavy periods and also as part of HRT (to protect the womb lining from becoming thickened). If used for HRT it can only last 5 years though.
- It's safe to use an IUS if you're breastfeeding.
- It's not affected by other medicines.
- It may be a good option if you cannot take the hormone oestrogen, which is used in the combined contraceptive pill.
- It's possible to get pregnant as soon as the IUS is removed.
- There's no evidence that an IUS will affect your weight or increase the risk of cervical, endometrial (womb) or ovarian cancers.

Disadvantages:

- Initially you may bleed for a prolonged time. This can be around six weeks or sometimes longer.
- Your periods may become irregular or stop completely, which may not be suitable for some women.
- Some women experience headaches, acne and breast tenderness after having the IUS fitted.
- Some women experience changes in mood and libido, but these changes are very small.
- An uncommon side effect of the IUS is that some women can develop small fluid-filled cysts on the ovaries – these usually disappear without treatment.

- An IUS does not protect you against STIs so you may need to use condoms as well.
- If you get an infection when you have an IUS fitted, it could lead to a pelvic infection if it's not treated.
- Most women who stop using an IUS do so because of vaginal bleeding and pain, although this is less common.

Risks of the IUS

- **Pelvic infections**

There's a very small chance of getting a pelvic infection in the first 20 days after the IUS has been inserted.

You may be advised to have a check for any existing infections before an IUS is fitted.

- **Expulsion**

It's not common, (1 in 20) but the IUS can be rejected (expelled) by the womb or it can move (displacement).

If this happens, it's usually soon after it's been fitted. You'll be taught how to check that your IUS is in place.

- **Damage to the womb**

In rare cases (2 in 1000), an IUS can make a hole in the womb wall when it's inserted. This may be painful, but often there are no symptoms. The risk of this is extremely low. See a GP straight away if you're feeling pain, as you may need surgery to remove the IUS.

- **Ectopic pregnancy**

If the IUS fails and you become pregnant, there's also a small increased risk of ectopic pregnancy.

Who can use an IUS?

Most women can use an IUS. A GP will ask about your medical history to check if an IUS is suitable contraception for you.

The IUS may not be suitable if you have:

- breast cancer or have had it in the past 5 years
- cervical or endometrial (womb) cancer
- liver disease
- unexplained bleeding between periods or after sex
- arterial disease or a history of cardiovascular disease or stroke
- an untreated sexually transmitted infection (STI) or pelvic infection
- problems with your womb or cervix

Using an IUS after giving birth

An IUS can usually be fitted 4 to 6 weeks after giving birth (vaginal or caesarean). You'll need to use alternative contraception from 3 weeks (21 days) after the birth until the IUS is put in.

It's safe to use an IUS when you're breastfeeding, and it will not affect your milk supply.

How to tell if it's still in place

An IUS has 2 thin threads that hang down a little way from your womb into the top of your vagina.

The GP that fits your IUS will teach you how to feel for these threads and check that the IUS is still in place.

Check your IUS is in place a few times in the first month and then after each period, at regular intervals.

It's very unlikely that your IUS will come out, but if you cannot feel the threads or think it's moved, you may not be protected against pregnancy.

See a GP or nurse straight away and use additional contraception, such as condoms, until your IUS has been checked.

If you've had sex recently, you may need emergency contraception.

Your partner should not be able to feel your IUS during sex. If they can, see a GP or nurse for a check-up.

Removing an IUS

Your IUS can be removed at any time by a trained doctor or nurse.

If you're not having another IUS put in and do not want to become pregnant, use additional contraception, such as condoms, for 7 days before you have it removed.

It's possible to get pregnant as soon as the IUS has been taken out as the return to baseline fertility is rapid after removal.

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