HINCKLEY & BOSWORTH MEDICAL ALLIANCE

Coil fitting information

This leaflet provides information for women who are thinking about using an intra-uterine device (IUD), sometimes known as a ‘coil’, for contraception. There are two main types of intra-uterine contraception:

- Hormonal intra-uterine systems (IUS). These release a small amount of the hormone progestogen into the womb.

- Non-hormonal intra-uterine devices (IUD) – often called ‘copper coils’. These do not contain hormones and work by releasing copper, which prevents pregnancy.

Both methods are highly effective, long-acting, and reversible forms of contraception.

Fitting Procedure

hinckley & bosworth medical alliance

- Coils are fitted by a GP or a specialist nurse, with the help of one of our Health care assistants. Normally it takes 20-30 minutes in total, but occasionally it can take a bit longer. Please allow at least one hour, to allow for any late running etc.

- A coil can be fitted at any time during your menstrual cycle, as long as there is no risk of pregnancy.

- At the appointment, the doctor or nurse will examine inside your vagina to check the position of your womb.

- The clinician will then insert a plastic speculum (like during a smear test) to hold the vagina open.

- A clip is attached to your cervix to help stabilise it, and the size of your womb is measured.

- The coil is inserted through the cervix and into the womb.

- Having a coil fitted can be uncomfortable but usually only for a very short time.

- You may get period-type cramps afterwards, but painkillers can ease the cramps (e.g., paracetamol/ ibuprofen)

- You may also bleed for a few days after having a coil fitting.

- Once your coil has been fitted, the clinician will describe how you can check the coil strings independently. If you have abnormal bleeding after 3-4 months from having a coil fitted, it is important to contact your GP for further review. This may involve a coil check to see if the strings are visible, or to refer you for a pelvic ultrasound to check the coil is correctly sited in the uterus. We will sometimes arrange swabs before fitting a coil to exclude certain infections. You will be advised if these are needed when your appointment is booked.

Risks

- Failed fitting – sometimes we are unable to fit the coil. This also occasionally happens when a coil is being changed- in these cases we would usually be able to easily fit the second one at a separate appointment in a week or two, but you would need to use alternative contraception in the meantime.

- If we have been completely unable to fit a coil but you still wish this form of contraception, we would refer you to the local Sexual Health clinic.

- Infection (usually in the first 20 days after insertion) – this would cause heavier pain / bleeding or a temperature / smelly discharge after the coil insertion and would require treatment with antibiotics.

- Expulsion – about 1 in 20 coils fall out – this is not dangerous, but you would no longer be protected against pregnancy.

- We advise women to check for their coil threads to ensure the coil is still in place. Expulsion is most common during the first year of having a coil, and particularly during the first 3 months.

- Vaso-vagal- rarely some women feel faint, and their heart rate drops a bit during coil fitting. This usually settles as soon as the coil is fitted, but sometimes we might have to stop the fitting, or very occasionally take the coil back out again. Very, very rarely, if doesn't settle, we might need to give an injection to raise your blood pressure again.

- Perforation – a rare occurrence when a small hole is made in the lining of the womb during the coil insertion. This would cause heavier pain / bleeding after the coil insertion and may require surgical removal of the coil. This occurs in less than 1 in 1000 coil fittings but may be more likely if you have recently given birth or are breastfeeding. The doctors are trained in insertion techniques to minimise this risk.

Risks

- Failure- No contraceptive option is 100%, however failure rate of both kinds of coils is very low- less than 1%. This is equivalent to (or even better) than sterilisation.

- Ectopic – in the very unlikely event of a woman falling pregnant with a coil in place, there is greater risk of this being an ectopic pregnancy (a pregnancy developing outside the womb). But this method of contraception is so reliable that falling pregnant with a coil in place is extremely unlikely.

- It is extremely important that there is no chance of early or potential pregnancy at the time we fit the coil. If we have any doubt about this, then we will have to postpone the fitting appointment to another date. To ensure that this does not happen, please use reliable contraception, or abstain from the first day of your last period until the day of the fitting.

Update (January 2024)
The Faculty of Sexual & Reproductive Healthcare (FSRH) has now approved the extension of the Mirena (IUS) from 5 yeas to 8 years for contraception (individuals age less than 45 at time of insertion/ above 45 years until the age of 55)
For endometrial protection for HRT the recommended duration is still 5 years.

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