

Intrauterine Contraceptive Device

The intrauterine contraceptive device (IUCD) is an effective method of contraception. Most women have no problems with their IUCD. Once fitted, it can stay in place for several years.

What is an IUCD? An IUCD is a small device made from plastic and copper. It was previously known as 'the coil'. It can be placed quite easily into the uterus (womb) by a trained doctor or nurse.

How does the IUCD work as a contraceptive? It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the uterus. The copper also has a spermicidal effect (kills sperm).

How effective is the IUCD for contraception? Modern IUCDs are 99% effective or more. This means that up to 1 woman in 100 will become pregnant each year using this method of contraception. (Compare this with when no contraception is used. More than 80 in 100 sexually active women who do not use contraception become pregnant within one year.) There are many different types of IUCD. They can stay in place for between 5-10 years, depending on the type of IUCD inserted.

What are the advantages of the IUCD? Once an IUCD is inserted you can forget about contraception. So, unlike the pill, you don't need to think about contraception every day. It does not interfere with sex. It is not an hormonal method so it has no side-effects on the rest of the body. This

means that it will not affect your mood, weight or libido. Having an IUCD does not increase your risk of having any type of cancer in the future. Most women can have an IUCD if they wish.

What are the disadvantages of the IUCD? Although the majority women with an IUCD have no problems, the following may occasionally occur:

Heavy, painful periods

Some women find that their periods become heavier, longer or more painful with an IUCD. This tends to be in the first few months after insertion and then often settles. This means that the IUCD may not be suitable if you already have heavy or painful periods. There is a special IUCD called the intrauterine system (IUS), which is like an IUCD, but it also releases a progestogen hormone into the uterus. This is an effective treatment for heavy periods as well as a contraceptive. (See separate leaflet called '*Intrauterine System - IUS*').

However, painful and heavy periods can still be treated in the same way as in women who do not have an IUCD. For example, by taking anti-inflammatory painkillers or other medicines during your periods.

Infection

There is a small risk of an infection of the uterus (pelvic infection). The main risk of infection is within the first 20 days after insertion. A check for infection of the vagina or cervix may be advised by taking a swab before an IUCD is inserted. You should

not have an IUCD inserted if you have an infection which has not been treated.

Ectopic pregnancy

The chance of becoming pregnant is very small if you use an IUCD. However, if you do become pregnant, there is a slightly increased risk of having an ectopic pregnancy. This means the pregnancy is in the Fallopian tube and not in the uterus. This is rare, but serious. See a doctor urgently if you miss a period and develop lower abdominal pain.

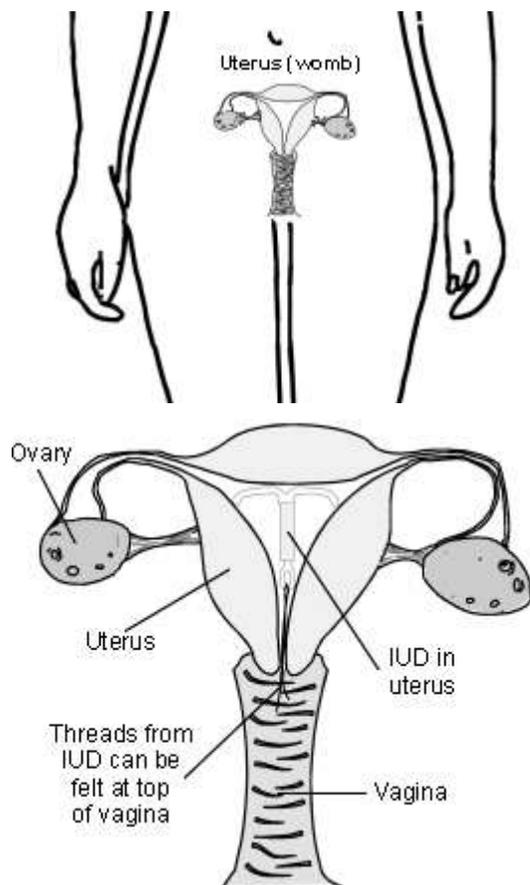
Expulsion

Rarely, the IUCD may come out without your noticing.

Damage to the womb

The fitting of an IUCD can very rarely cause damage to the uterus (womb).

How is the IUCD fitted? This is usually done towards the end of a period or shortly afterwards. However, it can be fitted at any time provided that you are certain you are not pregnant. You will need to have a vaginal examination. The doctor or nurse will pass a small instrument into your uterus to check its size and position. An IUCD is then fitted. You will be taught how to feel the threads of the IUCD so you can check it is in place. It is best to check the threads regularly - for example, once a month just after a period.



Fitting an IUCD can sometimes be uncomfortable. Once the IUCD has been inserted, some women have crampy pains like period pains for a few hours afterwards. These can be eased by painkillers such as paracetamol. Light vaginal bleeding may also occur for a short while.

Follow-up The doctor or nurse will usually want to check that there are no problems a few weeks after fitting an IUCD. After this, there is no need for any routine check until it is time to remove the IUCD. However, return to see your doctor or nurse at any time if you have any problems or queries. Most women have no problems, and the IUCD can remain in place for several years.

An IUCD can be removed at any time by a trained doctor or nurse. If you plan to have it removed, but do not want to get pregnant, then you should use other methods of contraception (such as condoms) for seven days before it is removed. This is because sperm can last up to seven days in the uterus and can fertilise an egg after the IUCD is removed.

You can use sanitary towels or tampons for periods with an IUCD in place.

You should consult a doctor if any of the following occur:

- Prolonged abdominal pain after an IUCD is inserted.
- A delayed period, or bleeding between periods.
- A delayed period and lower abdominal pain (which may be due to an ectopic pregnancy).
- Vaginal discharge with or without pain (which may indicate infection).
- If you suspect that the IUCD has come out or is coming out. It is usually possible to feel the threads of the IUCD inside the vagina to check it is in place. If you cannot feel the threads then use other contraceptive methods (such as condoms) until you have been checked by a doctor or nurse.

Further information

Your GP and practice nurse are good sources of information if you have any queries.

The fpa (formerly the family planning association) also provides information and advice. fpa's helpline: 0845 310 1334 or visit their website www.fpa.org.uk

References

- **Long-acting reversible contraception**, NICE Clinical guideline (October 2005); (*the effective and appropriate use of long-acting reversible contraception*)
- **The copper interuterine device as long-term contraception**, Faculty of Family Planning and Reproductive Health Care RCOG (January 2004)
- **Contraception**, Clinical Knowledge Summaries (2008)