

MIRENA & Heavy Periods

Intrauterine System and Heavy Periods (Menorrhagia)

The IUS (Intrauterine System) is a small plastic T-Shaped device containing the progestogen hormone levonorgestrel. It releases the hormone slowly and steadily over a period of at least 5 years. The IUS currently available in UK is called Mirena.

- The IUS was developed as a contraceptive, but it is also very effective at reducing menstrual bleeding.
- For this reason, it can be used as treatment for heavy periods and helps many women to avoid surgery to remove the womb (hysterectomy).
- The IUS can also be used in Hormone Replacement Therapy (HRT) to provide the progestogen needed to protect the lining of the womb (endometrium).
- It is licensed for 5 years after which it should be removed and may be replaced with a new device.

How effective is the IUS at reducing menstrual flow?

- In the long term, most women notice a marked reduction in menstrual flow.
- It sometimes also helps relieve pre-menstrual symptoms.
- It usually helps to reduce period pain.
- Some women find that their periods stop altogether. This is more likely to happen as you approach the menopause and is nothing to worry about.
- If the IUS is removed, your periods will return to their previous pattern unless you have become menopausal.

Is the IUS safe for Hormone Replacement Therapy (HRT)?

- Most of the benefits of HRT come from oestrogen which can help relieve menopausal symptoms such as hot flushes and tiredness.
- Oestrogen also protects the bones against osteoporosis and may help reduce heart disease and improve brain function.
- However, Oestrogen can cause thickening of the lining of the womb leading to irregular bleeding and other problems. For this reason HRT also includes progestogen to thin and protect the lining of the womb.
- The IUS is particularly effective at providing this protection and may avoid the need for a monthly bleed on HRT.

How effective is the IUS as a contraceptive?

- The failure rate is 1 in 500 per year for women of all ages. This is equal to a female sterilisation operation.
- It makes the lining of the womb thinner, so that there is less material to bleed at period time and a fertilised egg cannot implant.
- It thickens the mucus in the cervix so that it is difficult for sperm to get through to reach the egg.
- In some women it stops the ovaries from releasing an egg (ovulation), but most pre menopausal women will continue to ovulate.
- The contraceptive effect is immediate if the device is fitted at any other time, you will need to use an alternative contraception for the first seven days after insertion.

Can anyone have an IUS?

- Most women can have an IUS fitted.
- It may be harder to fit if you have never had children. It is advisable to discuss this with your Doctor.
- It may also be unsuitable if you have an abnormality in the shape of the womb, or if it is enlarged.

What are the disadvantages of the IUS?

- It may take a few months for the IUS to thin down the lining of the womb. During this time there is often bleeding which may be prolonged and irritating.
- This usually settles over the first few months and periods tend to become lighter and less frequent.
- Some women notice side effects at first such as breast – tenderness, mood changes, headaches or acne. These usually stop as the bleeding settles.
- Occasionally there may be cysts on the ovaries at first. These may cause some discomfort, but usually symptom – free. They usually go away without treatment.
- Rarely the womb may push the IUS out (expulsion) or it may become displaced. For this reason it is a good idea to feel the threads each month. The Doctor or Nurse will teach you.
- Very rarely the IUS might go through the wall of the womb or cervix (perforation).

This mostly happens at the time of fitting, so it is best to have your IUS inserted by Doctor or Nurse who has been trained to fit Mirena.

Precaution

Abdominal Bleeding

You should not have an IUS fitted if you have unexplained abdominal bleeding. Your GP or specialist may advise investigation to check this.

These investigations may include pelvic ultrasound scan, endometrial biopsy (taking a tissue sample to check the lining of the womb), or hysteroscopy (looking inside the womb).

Heart Conditions

Some women need antibiotics to cover the insertion procedure. This is especially likely if you have an abnormality of a heart valve.

Infection

The IUS does not protect against sexually transmitted infections. You should tell your Doctor if you have had infections in the past, or if you have had intercourse with a new sexual partner within the last 12 months. In this case, you maybe recommended to have swab tests to exclude infection before the device is fitted.

Discomfort at insertion

Most women experience a sharp cramp in the womb (like bad period pain) as the IUS is fitted. Some cramping may continue for a few hours afterwards.

To ease this discomfort we recommend a pain-killer such as Ibuprofen, Mefenamic Acid or Paracetamol to be taken about 30 minutes before the appointment and repeated as necessary afterwards.

Many women like to bring a companion who can take them home afterwards. This avoids having to worry about driving.

Problems after insertion

Ask the doctor who fits your IUS for a contact number in case you have any questions afterwards. Alternatively you can contact your GP who will be able to advise you.