

Coil clinic information sheet

Intrauterine devices (copper coils) and intrauterine systems (mirena/kyleena/jaydess) are a very effective forms of contraception and the mirena can also provide help to reducing or stopping your period as well as protecting your womb lining whilst on HRT.. If you have any queries please make a telephone appointment with Dr Appleby. Coil clinics are available monthly and can be booked via reception. Further information can be found at www.nhs.uk or www.fpa.org.uk

Is there a chance of infection or pregnancy?

- Continue your current method of contraception until your coil is inserted.
If you are not using contraception then a coil can only be fitted if pregnancy can be excluded and condoms are recommended in the meantime.
If you are having a coil replaced then you should avoid unprotected sex for 1 week prior to your appointment (you can use condoms) to avoid any chance of pregnancy should the replacement coil not be fitted successfully.
- Routine swabs are not needed however If you suspect any infection then please arrange swabs to be taken by GP or nurse at least 1 week before your insertion appointment or we can arrange for you to have a kit to take home for a 'self' swab.

Period might be due – can it still be fitted?

- If the bleeding is light or you are at the end of your period then the coil can still be fitted (and can be easier to fit at this time of your cycle),
Sometimes a tablet called norethisterone could be used to postpone your period until after the coil insertion – contact Dr Appleby to arrange this, or an alternative appointment for fitting.

Is it sore?

- It is recommended to take simple painkillers prior to your coil appointment such as paracetamol/ibuprofen to help reduce discomfort during the procedure.
- Discomfort may be felt during and for a day or two after insertion can range from nothing to period like cramps. Simple painkillers such as paracetamol and ibuprofen can be used.
- If you experience severe or continuous pain, offensive discharge or fevers then please seek medical assistance. Contact the practice within the hours of 8am-6pm Mon-Fri or nhs 24 on 111 out of hours.

What are the risks?

- The IUCD although highly effective at preventing pregnancy is not 100% effective
- There is a small chance of getting an infection during the first 20 days after the IUCD is inserted
- The IUCD can occasionally be pushed out (expelled) by the womb or move position (displaced)
- Occasionally due to stimulation of the nerves to the cervix during the procedure, there can be a temporary episode of faintness during the procedure (cervical shock)
- There is a very small (about 1:1000) risk of the IUCD going through the womb or cervix when it is being put in (perforation)

- If pregnancy does occur despite having an IUCD, there is a possibility of this being an ectopic pregnancy because the IUCD cannot prevent the rare cases of pregnancy outside the womb.

What about aftercare?

- Avoid having sex or using tampons for 3 days to reduce risk of infection
- Your bleeding pattern may be unpredictable for the first few weeks after coil insertion, if you develop any persistent smelly discharge or abdominal pain, please see GP for assessment.
- It is suggested that you feel yourself for the coil threads which sit around the cervix at around 6 weeks following insertion to check that the coil is in position. If you are unable to do this or have any concerns then feel free to arrange a telephone review with your GP who can arrange appointment for examination as needed.

HA August 2020