

FLEET MEDICAL CENTRE

IUS (MIRENA) INFORMATION SHEET FOR PATIENTS

This sheet should be accompanied by the orange leaflet "Your Guide to the IUD".

If you need to speak with your GP about any of the issues raised, please do so **before** attending for the IUD fitting.

SWABS

If you decide to have an IUD fitted, you will need to book an appointment with the nurse to have vaginal swabs taken. This is to ensure that there are no major infections in the vagina. These need to be taken **at least two weeks** before the IUD is fitted. You will need to ensure that the result of both swabs is negative before booking your fitting appointment.

FITTING OF IUS.

The IUS fitting date must be **within seven days** of the start of a menstrual period. However, please avoid having it fitted whilst you are bleeding heavily. Most people find fitting uncomfortable but not painful. If you experience severe pain during the procedure and wish it to be stopped, please say so.

One hour before the procedure is due to take place it is advisable to take 2 x 200 mg Ibuprofen tablets, (if you can normally take these) or 2 x 500 mg Paracetamol tablets.

Fitting will be carried out by a female doctor, assisted by a female nurse.

CHANGE OF COIL

Swabs are still required.

You need to abstain from intercourse for one week prior to having your coil changed.

AFTER FITTING.

1. If, during the **first three weeks** after the fitting, you develop an offensive vaginal discharge or high temperature, with lower abdominal pain, please make an emergency appointment to see a GP as infection may be present.
2. If **at any time** whilst the IUD is in place, you get sudden lower abdominal pain, please make an appointment to see your GP urgently to exclude the **unlikely possibility** of ectopic pregnancy.
3. **Six weeks after** having the coil fitted, please make an appointment with Sister Angie Holton for a coil check.
4. You will then need to have your coil checked **every year** with Sister Holton.

We hope you find this information helpful.

IUS INSERTION.

NAME.....D.O.B.....

I confirm that I have received, read and understood both the orange leaflet and the above information.

SIGNED.....

DATED.....