



**Wirral University
Teaching Hospital**
NHS Foundation Trust

After fitting my Intrauterine Contraceptive Device/System

Patient Information Leaflet

We hope that this information sheet will answer most of the questions you may have after your hysteroscopy

Will I need painkillers?

You are advised to get supplies of the type of painkillers which suit you – for most people we recommend a combination of: Paracetamol 1g four to six hourly up to four doses in 24 hours, with Ibuprofen 400mg six to eight hourly up to three doses in 24 hours.

How long does the bleeding last?

Usually bleeding settles quickly and becomes a dark or brown discharge.

Sometimes it can persist for up to three weeks.

It is normal to experience some tummy cramps and even some small clots after the procedure, but please see your GP if any of the following happens, as you may need antibiotics if:

- the bleeding becomes very heavy
- the pain becomes very severe
- the discharge has an unpleasant smell
- you develop a fever (high temperature)

When can I resume normal activities?

Having a bath or shower after the procedure is safe. Avoid sexual intercourse until the bleeding has stopped. You should be physically fine to return to normal exercise and work as soon as you feel well, but you may find you need a little extra time off to recover.

What do I need to do?

If you have had either a **copper coil IUCD** or **Mirena/Levosert IUS** device fitted.

In the first day it is best to use pads to prevent infection (Tampons may be used 24 hours after the fitting procedure).

Delay sexual intercourse for 24 hours or until the bleeding settles, to prevent infection.

I had a copper coil fitted, what should I do next?

- You are protected against pregnancy straight away.
- Your copper coil will now last as a contraceptive for 5 years, or until it is removed.

I had a Mirena/Levosert IUS fitted, what should I do next?

If you have a hormonal Mirena/Levosert (IUS) fitted.

- **during the first 7 days of your** cycle then you are protected against pregnancy straight away.
- **Use additional contraception** (condoms), if it is fitted at any other time in your cycle, (use condoms for 7 days after fitting).
- Your Mirena/Levosert (IUS) will now last as a contraceptive for 5 years, or until it is removed.
- For up to 6 months, you are likely to get unpredictable, light bleeding or spotting this may be on most days but as time goes on you should get fewer days with bleeding.

- For up to a year, some period problems may continue.
- After a year, most people only get a day or two of spotting each month.

6 weeks after fitting please make an appointment for a 'thread check' at your GP surgery, (normally performed by one of the practice nurses). This is to check the device is still in place. The nurse will make sure you how to check the threads yourself. If you are not sure what you are feeling, or would like some guidance, your GP's nurse can guide you through what to do.

To check the coil is still in position check you can feel the threads. If you put a clean finger or two inside your vagina, at the top is the cervix (neck of the womb). Some people describe it as feeling like the tip of your nose (i.e. quite hard). From the middle you should be able to feel the threads- if you can; it means the IUCD/IUS is in the right place and working.

Occasionally the IUCD/IUS can move and be pushed out of the womb or work through the muscle of the womb.

We recommend you get into the habit of checking the threads of the IUCD/IUS to make sure it is still in the right place.

I had my Mirena IUS fitted as part of my HRT or to stop post-menopausal bleeding?

- The progesterone protects and thins the lining of the womb, if your problem has been post –menopausal bleeding. **Or**
- The progesterone balances the oestrogen hormone replacement therapy (HRT) that some women take to help with symptoms of hot flushes, night sweats, irritability etc.
- One Mirena can be used for 4 years and would then need to be replaced.
- In this situation, it is only licensed for 4 years because there is a reduction in the amount of hormone released and this is not enough to protect the lining of the womb. If oestrogen therapy is continued it can lead to bleeding and/or abnormal cells of the womb.

Useful Phone Numbers & Further Information

Gynaecology ward

(for urgent help or advice 24/7) – 0151 604 7132

Gynaecology Assessment Unit

(for urgent help or advice Mon-Fri 9-6pm)- 0151 604 7450

Gynaecology clerks

(can put direct call to the Specialist Nurses Mon-Fri 9-5pm)

– 0151 604 7043



This leaflet is available in large print, Braille and on tape.
Please contact 0151 604 7289 if calling from outside the
Hospital and x2761 if calling from inside the Hospital.



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