

## Mirena Coil – Fact Sheet

In May 1995 a hormone-releasing coil (**Mirena**) became available in the UK. Although intended as a method of contraception, studies have shown that it is highly effective at keeping the lining of the womb thin. For many years it has been widely used in Scandinavia and Belgium for contraception and for alleviating heavy periods. In the UK the Mirena coil is now licensed for both of these indications.

The major benefit of a Mirena coil is the gradual reduction in the number of bleeding days and the amount of blood loss each month. This is the exact opposite to non-hormonal coils that can make periods heavier and more painful. With the Mirena coil, a significant number of women eventually find their periods stop altogether.

An additional advantage is that the amount of hormone (progestogen) released is so small that premenstrual syndrome type and other progestogen related side effects are minimal. Its maximal action is at the womb lining. Concentrations in the blood are lower than almost any other hormonal treatment.

### ***How is the Mirena inserted?***

Insertion of the coil may be performed in the clinic or under a general anaesthetic. If it is done as an outpatient you will have an examination to determine the size and position of the uterus (womb). A speculum will be inserted which allows the doctor to see the cervix (neck of the womb – like having a cervical smear). The cervix will be cleaned and a local anaesthetic may be given. The Mirena coil will then be inserted through the cervix into the cavity of the uterus where it is held in place by its T-shape (see diagram). Two fine threads will remain in the vagina, just beyond the cervix, which can be used to check that the coil is in position.

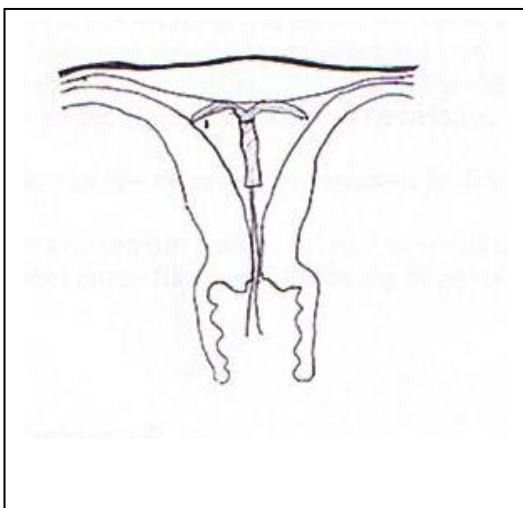


Diagram showing how the Mirena coil sits within the womb. Note the “strings” coming through the neck of the womb

Insertion is often performed at the time of hysteroscopy, which is an investigation of the inside of the womb. A thin telescope (hysteroscope) is inserted through the neck of the womb via the vagina and is used to inspect the inside of the womb and a sample of the lining of the womb may be taken. Once this examination is complete the Mirena coil can be inserted. The procedure is quite quick and simple and will be performed under a general anaesthetic.

### ***What Happens Next?***

Immediately after insertion some mild cramping may occur which will be alleviated by your usual painkillers (e.g. Paracetamol or "Nurofen").

Spotting or irregular bleeding is common in the first few months while the hormone in the coil thins the lining of the womb. This bleeding should not be as heavy as a period. After this has settled (4-6 months) you should expect your bleeds to become significantly lighter and by one year after insertion many women will have no bleeding at all. It is important to acknowledge that the long-term effects of a Mirena coil should outweigh the initial convenience of this irregular bleeding.

### ***Possible Side Effects***

Apart from menstrual changes, side effects may include headache, acne, nausea or breast pain but due to the very low level of hormone, these are not common after the first few months. You may experience some abdominal or back pain but this should settle as your uterus accepts the coil's presence. Again, if this is excessive, please contact the clinic or your GP.

### ***Contraception***

A Mirena coil provides immediate contraception when inserted during or within seven days of your period. If it is inserted at another part of your cycle, you should continue with your usual contraception until your next period.

### ***Follow Up Visits***

You should return to the clinic 6-8 weeks after insertion of the coil. You will be examined to check that the coil threads are present. Although rare, coils can occasionally be expelled by the uterus. This is most common in the first six weeks after insertion. Thereafter you will be seen as necessary.

A Mirena coil need not be replaced for 5 years.

If for any reason your coil needs to be removed, this is generally a simply, quick out-patient procedure and your ability to get pregnant is restored in about 2-3 months.