




# Comparing IUDs: Copper, Mirena and Kyleena at a glance

<b>Type of IUD</b> (images not to scale)	<b>Copper</b> 	<b>Mirena®</b>  DIN: 02243005	<b>Kyleena®</b>  DIN: 02459523
<b>Cost</b>	\$95+*	\$350+*	\$350+*
<b>Lasts for</b>	Up to 5 or 10 years (depending on type)	Up to 5 years	Up to 5 years
<b>Hormones?</b>	None	Yes, 20 µg LNG <sup>1</sup> (average released daily)	Yes, 9 µg LNG <sup>1</sup> (average released daily)
<b>Failure Rate</b> with typical use, in 1st year of use (approx.)	8 pregnancies per 1000 users	2 pregnancies per 1000 users	2 pregnancies per 1000 users
<b>Advantages</b>	<ul style="list-style-type: none"> <li>-Very cost effective over time.</li> <li>-After removal, return to baseline fertility is immediate.</li> <li>-A copper IUD may be used by those who cannot/do not want to use hormonal methods.</li> <li>-Ovulation is not effected in users.</li> </ul> <p><b><i>The Copper IUD may also be used for emergency contraception w/i 7 days of intercourse.</i></b></p>	<ul style="list-style-type: none"> <li>-After removal return to baseline fertility is rapid.</li> <li>-Decreases menstrual cramping and blood loss.</li> <li>-12% of users experience total loss of menstrual bleeding. This is safe.</li> <li>-Can reduce endometriosis pain and be used by postmenopausal users to reduce risk of endometrial cancer.</li> <li>-Can be used by those who cannot/do not wish to use estrogen containing methods including breastfeeding users.</li> </ul>	<ul style="list-style-type: none"> <li>-After removal return to baseline fertility is rapid.</li> <li>-Can be used by those who cannot/do not wish to use estrogen containing methods including breastfeeding users.</li> <li>-In most users, there is a trend over time towards less frequent and shorter episodes of bleeding</li> <li>-Smaller frame size than Mirena</li> </ul>
<b>Possible Side Effects</b> (Note: Not all users experience side effects. If a user does experience side effects, they often lessen over time)	<ul style="list-style-type: none"> <li>-Number of bleeding days or flow is higher than typical.</li> <li>-Users may experience an increase in menstrual cramping</li> <li>-There may be an increase/change in vaginal discharge</li> </ul>	<ul style="list-style-type: none"> <li>-Irregular/unpredictable bleeding in the first 3-6 months</li> <li>-1-10% chance of progestin related side effects including acne/oily skin, breast pain, nausea, headaches, hair loss, ovarian cyst , vaginal discharge, and/or mood changes.</li> </ul>	<ul style="list-style-type: none"> <li>-Irregular/unpredictable menstrual like bleeding during the first 3-6 months</li> <li>-1-10% chance of progestin related side effects including acne/oily skin, nausea, headaches, breast, ovarian cyst , vaginal discharge and/or mood changes</li> </ul>

# Intrauterine Device Information

## What is an IUD?

An IUD is a small, flexible plastic device which is placed inside the uterus by a health care professional. IUDs are highly effective in reducing the risk of pregnancy, convenient, safe and private for the user and can be used for any duration of time up to 3-10 years depending on the type. An IUD may be inserted 8 weeks postpartum or immediately after an abortion. Currently, there are 2 categories of IUDs available in Canada:

### 1. Copper based IUDs (Does not contain hormone)

Copper based IUDs slowly release copper into the uterus and the ions in the fluids reduce the mobility of the sperm and their ability to fertilize an ovum.

### 2. Hormone based IUDs (Mirena & Kyleena)

Hormone based IUDs contain small amounts of levonorgestrel which is a progestin much like the hormone progesterone ovaries produce. Levonorgestrel thickens cervical mucous so sperm and ovum do not meet and also thins the lining of the uterus. The amount of hormone released daily varies on the type (*Refer to other side for specific amounts*).

## How does an IUD work?

Although the mechanism of action differs between the Copper and hormone based IUDs; all IUDS create changes within the reproductive system to prevent fertilization from occurring. IUDs are referred to as Long Acting Reversible Contraception or LARC for short. Once an IUD is placed, the user simply checks the strings each month to ensure proper placement.

IUDs do not provide protection vs. STIs—we recommend

pairing a barrier method (condom, dam, glove) with an IUD to reduce the risk of STIs.

## What are the risks of IUDs?

There is a 3% risk of expulsion (IUD falling out) leading to pregnancy, usually in 1st year (this is affected by certain factors, ask the Doctor for more information)

There is a .1% risk of uterine perforation at the time of insertion.

There is a .1% risk of pelvic infection in the 20 days following insertion but the risk is the same as a non IUD user thereafter.

## How can I start using an IUD?

Gather information and consult with a physician about which IUD is the most suitable for you. ISHS has educators and nurses who can provide you with the most current and factual information. If you haven't previously had a pelvic exam, potential IUD users are advised to have one before an insertion appointment.

An IUD should be inserted by a trained physician. ISHS runs designated IUD clinics weekly.

An IUD can be inserted at any time during the menstrual cycle as long as the risk of pregnancy can be excluded.

Prior to your IUD insertion, be sure that you are comfortable and familiar with locating your cervix so you will be able to check your strings following insertion. The inside of vaginal walls feel similar to the inside of your mouth; fleshy and flexible where as the cervix feels similar to the tip of your nose; firm and round.

## How do I prepare for my insertion appointment?

If you are not current using any type of hormonal contra-

ceptive method, please abstain from vaginal intercourse from the start of your period or 14 days prior to your IUD insertion; whichever ever comes later. If you have not abstained, the Dr. will not insert your IUD.

If you currently have an IUD, please abstain from intercourse 7 days prior to insertion of the next. If you have not abstained, the Dr. will not insert your IUD.

If you are using the pill, patch, ring, or injection, it is not necessary to abstain from intercourse prior to insertion.

Eat a light meal with fluids and take 400mg of ibuprofen (if allergic ask Dr. for alternative) 90 minutes before your scheduled insertion time.

## What can I expect during an insertion appointment?

- Arrive 10 minutes before your insertion appointment and be prepared to provide a urine sample for a pregnancy test.
- During insertion, you can expect some strong menstrual type cramping and discomfort at the time of insertion and for about 20 minutes after. The intensity of the cramping differs for each person. The insertion itself usually takes less than 5 minutes.
- If possible, bring a support person along to accompany you home after insertion and try to schedule your insertion for a day where you don't have strenuous commitments following the insertion.

Use an additional/ back up method of contraception or abstain for 7 days after.



**For more information or to book an appointment , call Island Sexual Health at 250-592-3479.**