

*Helping you live
well to learn well*

The Cerial Center
for Cornell Health
110 Ho Plaza,
Ithaca, NY
14853-3101

Web:
health.cornell.edu

Phone (24/7):
607-255-5155

Fax:
607-255-0269

An intrauterine device (IUD) is a great option for those seeking birth control that is convenient, reliable, long-lasting, and cost-effective.

Choosing an IUD

Common IUDs available in the United States include the Mirena, Kyleena, and Paragard.

Mirena: The Mirena contains a small amount of the hormone progestin. This hormone is mainly absorbed into the lining of the uterus with very few, if any, effects on the rest of the body. The progestin can make periods with the Mirena to be light, sometimes irregular, or absent altogether. About 20% of users have no periods at all after one year with their Mirena. This IUD is effective for up to 8 years.

Kyleena: The Kyleena has the same hormone as the Mirena. It is effective for 5 years. Periods with Kyleena can be light and irregular. Irregular spotting and bleeding may be more common in the first 3–6 months after insertion. After the first year of use, about 12% of Kyleena users had no periods.

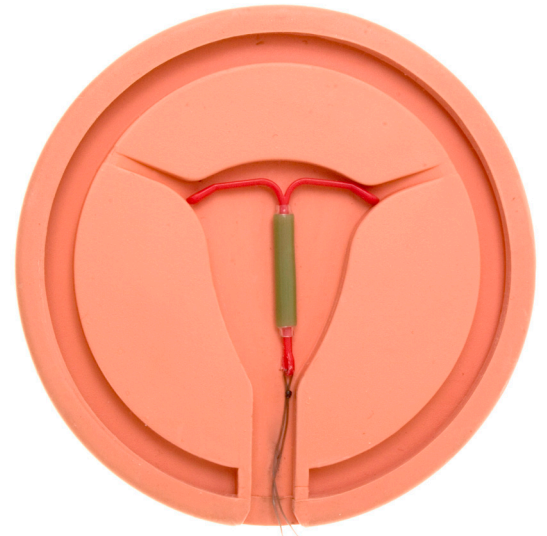
Paragard: The Paragard contains copper and has no hormones. Like the Mirena and Kyleena, it works by temporarily changing the physical environment of the reproductive tract, preventing transport of sperm, fertilization, and embedment of an egg. The Paragard will not affect monthly ovulation. For most users, the first few periods with the Paragard can be longer and heavier by about 20%, and somewhat more painful than periods without an IUD. This IUD is effective for up to 10 years.

IUD benefits & risks

All three IUDs are more than 99% effective in preventing pregnancy. They are all rapidly reversible, can be removed at any time by a health care provider, and have no long-term effect on fertility after removal. They contain no estrogen, making them safe for those who have been told that they should not use estrogen.

Like most any procedure, there are some risks associated with having an IUD placed, including:

- Difficulty or inability to place the IUD because of a narrow cervical opening or a uterus that is larger or smaller than ideal for an IUD.
- Infection of the uterus related to insertion of the IUD. This risk is greatest during the first 30 days after placement and occurs in about 1% of placements and, if it occurs, can generally be treated successfully with antibiotic pills.
- Expulsion of the IUD. Most commonly



The more you know about your IUD and what to expect, the more comfortable you'll feel about having one placed.

occurring in users who have never had a full term pregnancy, the uterus can spontaneously expel the IUD. This is most common during the first 3 months after placement and has about an 8% risk during the first several months, reducing after the first year. You'll be taught how to check your IUD strings to be certain your IUD is still in place every month.

- Uterine perforation or embedment can occur in less than 1% of IUD users. This rare complication can make the IUD ineffective or difficult to remove later on.

Cost

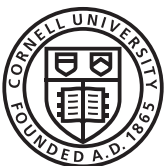
The cost of your IUD will be billed to your insurance if Cornell Health is in-network with your insurance plan, or directly to you if your plan is out of network. Your out-of-pocket costs will depend on your insurance coverage.

Students enrolled on the Ithaca campus have a \$10 copay for the IUD placement procedure at Cornell Health, regardless of insurance coverage. For details, visit health.cornell.edu/costs or speak with your provider.

Planning for placement

You'll be asked to meet with a sexual health nurse at Cornell Health to help you decide which IUD is right for you. Let us know if you get anxious about Pap smears or procedures and we'll talk with you about anti-anxiety medication for your appointment.

Plan your placement for a day when you can go home from the appointment and rest if you need to. Some people are more comfortable taking the



whole day off on the day of placement, but many are fine returning to normal activities right away.

If your IUD is placed when you are not on your period, we will ask you to have a urine pregnancy test just prior to your appointment.

If you are due for a Pap smear (every 3 years starting at age 21 unless advised otherwise), or have not had screening for Chlamydia since your most recent sexual partner change, we recommend this be done prior to your IUD placement. Let us know if you are aware of any medication allergies you may have or allergies to lidocaine, copper, latex or iodine.

The day your IUD is placed

- Eat a normal diet and drink plenty of fluids throughout the day.
- We recommend taking non-prescription pain medication an hour before the IUD insertion appointment: Ibuprofen (800 mg) with food, or Tylenol (1,000 mg.)
- If you have been prescribed anti-anxiety medication for the placement, take them as directed.
- Plan to spend about one hour here. While many leave sooner, some people want more time to relax after their placement appointment. Consider having a friend available to pick you up or walk home with you after your appointment.
- Let us know if you have had a new sex partner since your last STI screen or if you have any unusual vaginal discharge, odor, pain, irritation, or other symptoms that may require evaluation before IUD placement.
- You can also discuss with your provider the option to use topical numbing medication during your procedure, which may reduce pain.

IUD placement

- You'll be asked to undress from the waist down and can cover your lap with a drape. You'll place your feet in foot rests, much as you would for a Pap smear and exam.
- Your cervix will be cleansed with an antiseptic solution.
- If topical numbing medication is being used, the medication will be applied to your cervix.
- Next, we'll measure your uterus to be sure it is a good fit for the IUD and

that your cervix is open enough for the placement. You will feel a bit of a cramping sensation at this step.

Some people won't get beyond this step because of the size of their uterus or the opening of their cervix. We'll talk with you about whether or not an IUD can still be placed.

- Next, the IUD is placed in the uterus. You may feel another cramping sensation. Some people get a little dizzy, nauseated, or sweaty. This is normal and doesn't last long. Tell us how you are feeling so that we can help you feel better.
- Lastly, the IUD strings are trimmed, and you're done! The whole procedure will take about 10 minutes. Your provider will teach you how to feel for the strings, so that you can check on them in the future.

You'll be allowed to rest for as long as it takes for any cramping or discomfort to subside.

After your IUD is placed

- Rest for the remainder of the day if you need to. Use 400-600 mg ibuprofen every 4-6 hours, with food as needed for the first 2-3 days. Most people can return to regular activities by the next day, using ibuprofen to help with any cramping.
- Some vaginal spotting after insertion is normal. If you have your period at the time of placement, your period may end up being lighter or heavier, shorter or longer than usual.
- You may have some uterine cramping within the first week, with each day getting better.
- You may return to exercise when you are ready.
- You can resume vaginal sex after 24 hours of the IUD insertion.
- Wait 7 days before using tampons or menstrual cups. Change them more frequently during the first month you use them with your IUD in place.
- If you experience worsening pelvic pain, fever, foul vaginal odor, or significant bleeding (heavier than a normal period), call Cornell Health and ask to see a clinician.

Pregnancy prevention:

- Mirena and Kyleena IUDs are effective immediately if placed within 5 days of the beginning of your normal

menstrual cycle. If placed after the first 5 days of your cycle, use a backup method such as condoms for the next 7 days.

- Paragard IUDs are effective immediately after insertion.

Remember that an IUD gives no protection against sexually transmitted infections, so continue using barrier protection (like condoms) if needed.

Common side effects

Longer-term side effects are usually mild and tend to improve over time. Common side effects include:

- Irregular bleeding or spotting (especially in the first 3-6 months)
- Lighter periods or no periods at all (amenorrhea)
- Headaches
- Breast tenderness
- Mood changes or irritability
- Acne or oily skin

Contact Cornell Health if you experience:

- Severe or persistent pelvic pain
- Heavy or prolonged bleeding
- Signs of infection (fever, foul-smelling discharge)
- Suspected pregnancy (extremely rare with an IUD)

Post-Insertion Visit

You may schedule a follow-up visit 4-6 weeks after insertion, or sooner if you have any concerns with your IUD.

Taking care of your IUD

- In general, IUDs need little care or attention, but there are a few important things to check.
- For the first few months after insertion, check to be sure your IUD is in place by inserting your index finger into your vagina. Attempt to feel the strings of the IUD up against the cervix. If you cannot feel the strings, or you feel the IUD itself, call Cornell Health for an appointment and be sure to use another method of contraception until you are evaluated
- If at any time you develop vaginal discharge or odor, or significant pelvic pain, call Cornell Health right away (607-255-5155).