

WHAT IS AN IUD (INTRA-UTERINE DEVICE)

Copper IUD

A copper IUD (TT 380 or CU375) is a small and flexible device with copper wrapped around its stem. The copper IUD prevents pregnancy when inserted into the uterus through the vagina as it releases copper ions which kill sperm and prevent fertilised eggs from implanting in the uterus. There are two types of TT 380 IUDs (the short and the standard) - one lasts for 5 years and the other lasts for 10 years. The CU375 IUD lasts for 5 years. The Copper IUD can also be used as a form of emergency contraception if inserted within 5 days of unprotected intercourse.

Mirena IUD

The Mirena IUD is a small plastic T-shaped device that is inserted through the vagina and into the uterus. The Mirena prevents pregnancy by slowly releasing a hormone (progesterone) directly into the uterus which thickens the mucus at the cervix which prevents sperm from reaching an egg to fertilise. Additionally, by releasing progesterone into the uterus, the lining of the uterus changes so that a fertilised egg cannot implant.

The Procedure of an IUD Insertion

The insertion of an IUD takes only about 3 minutes and can be performed with an anaesthetic. The doctor will gently insert a speculum (the instrument used in a Pap smear) into the vagina, and then will proceed to insert the device into the uterus.

When a Copper IUD is not suitable

If any of the following apply, you will not be suitable for a Copper IUD insertion:

- You do not want heavy or painful periods
- You have a known or suspected pregnancy
- You have a pelvic infection

When a Mirena IUD is not suitable

If any of the following apply, you will not be suitable for a Mirena IUD insertion:

- You are affected by hormones
- You have a known or suspected pregnancy
- You have a pelvic infection

RISKS AND COMPLICATIONS – IUDS

Infection

Having an IUD inserted has a risk of causing an infection. Look for signs of prolonged abdominal pain and call us on (07) 3397 1211 as soon as possible.

Expulsion

As the IUD is a foreign device, your body may expel the IUD. This can happen at any stage throughout the 5-10-year period. The chance of this occurring is 2.5%.

Perforation

A rare complication (<1%) of having an IUD inserted is the perforation of the uterine wall. In these instances, excessive bleeding could occur, and you would go straight to the closest hospital. Often, perforated uteruses end in a hysterectomy.

Mirena IUD

The effectiveness of the Mirena IUD is 99.8%, with the device being effective for up to 5 years.

Side Effects

The following side effects are known to have been associated with having a Mirena:

- Change in bleeding pattern
 - Spotting (on average 9 days in the 1st month; <4 days in the 6th month)
 - Longer periods (20% in the 1st month; 3% in the 3rd month)
 - Shorter periods
 - Infrequent or no bleeding (17% in 1st year; 20% total which increases towards Menopause)
 - Generally over time, there should be a reduction each month in blood loss
- Weight gain
- Lower abdominal/back/genital pain
- Headaches
- Depression
- Tiredness
- Breast tenderness/tension
- Nausea
- Acne
- Ovarian cysts
- Reduced libido
- Increased hairiness
- Sweating
- Hair loss
- Greasy hair
- Genital infection or pelvic inflammatory disease (PID)

Copper IUD

The effectiveness of the Copper IUD is 99.4%, with the device being effective between 5 and 10 years depending on the type.

Side Effects

The following side effects are known to have been associated with having a Copper IUD:

- Change in bleeding pattern
 - Bleeding may increase in amount and number of days and can become more painful
 - After the insertion, you may have cramping and bleeding for up to 2 weeks. This is more common in women who haven't had children vaginally
 - Irregular bleeding
- Pelvic inflammatory disease

Anaesthetic Complications

Anaesthetics given by a trained practitioner in Australia are generally very safe. There are however a number of risks associated with any anaesthetic. These include:

Allergy

Allergic reactions to modern anaesthetic agents are rare; incidence is roughly 1:10,000. Any previous bad reactions should be reported to your anaesthetist prior to surgery.

Aspiration

Stomach contents may enter the air passages resulting in a lack of oxygen to the brain. Patients are required to FAST for a minimum of 6 hours prior to surgery to minimise this risk. This means no food, lollies, chewing gum, or liquid. Water may be consumed up to 2 hours prior to surgery. Please tell your anaesthetist if you have vomited in the last few days or have eaten or drunk anything in the last 6 hours.

Spasm

The airways may contract under general anaesthetics/twilight sedations. This occurs more commonly with obese people and smokers. Spasms of lower airways is more common in asthmatics and people with respiratory infections. Smoking will increase your overall risk of anaesthesia. If you are a regular or heavy smoker or if you have had a cigarette on the morning of your procedure, please tell the anaesthetist.

Cardiac Irregularity

This is rare in fit people. Atropine, a drug given routinely for surgery will make the heart speed up for a short time.

Awareness

During a light anaesthetic, patients may be aware of the surgical procedure taking place. A twilight sedation is a sedation without the loss of consciousness. During a short anaesthetic, there is a possibility of some "awareness". This is rare.

Bruising

Pain on injection or bruising from the cannula site may rarely happen.

Familial Problems

Rare syndromes such as malignant hyperpyrexia exist that run in families whereby patients react badly with some anaesthetic agents. Any bad family reaction to anaesthetics should be discussed with your anaesthetist prior to surgery, as these reactions may prove fatal.

Fitting

Some anaesthetic agents may increase the risk of epileptic type fits. Please tell your anaesthetist if you have ever had a seizure or fit.

Dentures/Contact Lenses

The anaesthetist should be aware if these are in place.

Medications

Report any regular medications you take as these may interact with the anaesthetic.

DISCHARGE INSTRUCTIONS – IUD INSERTION/REMOVAL/REPLACEMENT

If having a sedation, in the first 24 hours:

- Return to a normal diet; If you feel sick try fluids only and contact us if it doesn't settle within 24 hours
- Do **NOT** drink alcohol, take mind-altering substances, smoke tobacco, take any medication with a sedative effect, and any other medication that is contraindicated as advised by the surgeon, nurses, and/or anaesthetist
- Do **NOT** drive a car, bike, or other vehicles
- Do **NOT** operate machinery including cooking appliances
- Do **NOT** care for infants without responsible help
- Do **NOT** make important decisions or sign any legal documents

Note: Anaesthetic can cause adverse effects for up to 24 hours after being administered, so you must adhere to the above instructions as is required by law.

In the first 2 days:

- Do **NOT** use tampons (you must only use pads)
- Do **NOT** have sexual intercourse
- Do **NOT** have baths (you must only shower)
- Do **NOT** go swimming
- Do **NOT** do vigorous exercise such as weightlifting or running (brisk walking is acceptable)

Note: You must adhere to the above instructions to minimise your risk of bleeding and also the risk of infection.

What to expect following your surgery:

It is important to understand these symptoms and any risks that may arise from using this treatment. Below is a list of the most common symptoms you may experience following the procedure:

Vaginal Bleeding

- If you had an IUD inserted on your menstrual period, your period may finish when it is supposed to, or it may be prolonged or cut short
- If you had an IUD removed, you should expect your period to come back to normal relatively soon
- If you had an IUD inserted, your next menstrual period may come, it may not arrive at all, or it might be different to what you used to (e.g. prolonged but lighter)

Cramping

- You may experience some period-like cramping which may be more or less severe than normal period cramps
- Any prolonged abdominal pain may be evidence of an infection, and you need to contact us if this is accompanied by a fever

Pregnancy

- If you had an IUD inserted on your period, it is effective immediately
- If you had an IUD inserted mid-cycle, you must use protection (condoms) for the first week
- If you had an IUD removed, you should be fertile again almost immediately

Pain management:

To help manage your pain, ensure that you:

- Rest
- Use heat packs on your abdomen and back
- Massage your lower abdomen
- Take pain relief medications as recommended or prescribed during your consultation

Note: It can take up to 6 months for your body to adjust to having an IUD inserted, so give it time for your cramping and periods to come under control

Post-op visit:

If you have had an IUD inserted, you should visit us in 6 weeks for a post-op visit so we can check and make sure the IUD is still in place

PATIENT PRIVACY STATEMENT

This privacy statement has been developed to inform you (the patient) about what Brisbane Day Hospital does with your personal information. Included in this policy are details on who can access your information, who we inform about your procedure, and how you can access your patient file in the future.

Upon employment at our facility, all staff must sign and agree to a privacy and confidentiality agreement stating their willingness to be bound by the National Privacy Principles. Any breach of this confidentiality would lead to immediate dismissal and federal investigation.

Who can access your information?

Guardians/Carers of minors and people who have not reached full mental capacity are able to access information on behalf of their family member. If you are neither, you are the only one who can access your information.

If you contact our facility via phone or if our facility contacts you, we must establish that we have the correct person. We do this by asking a series of questions that can be used to identify you such as your full name, date of birth, and mobile number. If we cannot establish that we have the right person, or if a spouse or partner calls on behalf of you, unfortunately we cannot release any information.

Any requests made through email are not considered valid and you will have to either ring us, visit us in person with a form of photo ID, or write a formal letter to our PO Box with a copy of your photo ID attached.

Who do we inform about your procedure?

Every patient who is admitted at Brisbane Day Hospital gets given an MRN (medical record number). Every month, our facility must send off information about you and your procedure to Queensland Health; this is a legal requirement. Your information is sent off in an unidentified format using your MRN. Queensland Health do not know your name; but they do know your MRN, country of birth, age, postcode, and the procedure you had. Every hospital in Queensland must comply with this procedure. This process is how the Queensland Government collects its hospital statistics.

If you presented your Medicare card and/or private health insurance for your procedure, the item numbers associated with your procedure and their description will appear on your account. This means that anyone on your Medicare card will have access to that information if they log on to their mygov account at 'mygov.com.au'.

Here at Brisbane Day Hospital, our main pathology provider is Sullivan Nicolaides. We send various samples off for testing with your details attached. You may receive billing information in the mail.

If you present to our facility with a sexually transmitted disease or discover upon your visit to our facility that you have one, we legally must inform the National Notifiable Diseases Surveillance System. Such notifiable diseases include: Chlamydia, Gonorrhoea, HIV, AIDs, and Hepatitis.

Can I access my patient file?

Every patient has a legal right to access their health record. The original copy cannot be provided, but a photocopy can. You must complete the 'Request to Access Medical Records' form before being given your file. You may have access to the information contained in your medical record by the following methods:

- A photocopy of the record in whole or in part
- A supervised consultation with the administration manager or nurse unit manager whereby you have a supervised look over your records
- A summary provided to you by the administration manager or nurse unit manager of the information related to your procedure

You may access your records in person presenting photo ID, or via a formal letter with a copy of photo ID attached. Your GP may request your records with permission from you. They would have to fax over a request to release information form with your signature. A solicitor or insurance company may access your records on behalf of you as well, as long as written consent with your signature is present.

It is important to remember that a patient does not own their medical record; it remains the property of the facility where the procedure was performed.

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



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AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

For more information
ask a member of staff or visit
safetyandquality.gov.au/your-rights