

# MIRENA IUS

Troubleshooting tips

# Troubleshooting Tips

- Bleeding and cramping two most common side effects
- Irregular, unpredictable bleeding to be expected for the first four to six months
- Generally corrects on its own

# Troubleshooting Tips

- In the first 4-6 months, average number of days of bleeding/spotting are:
  - 16 first month
  - 10 second month
  - 6 third month
  - 4 fourth month
  - But daily not unheard of

# Troubleshooting Tips

- Other possibilities to consider:
  - post insertion infection or cervicitis
  - Displacement
  - Expulsion
  - Intrauterine pathology (NB previous bleeding history, especially on oral contraceptives)

# Troubleshooting Tips

- Infection
  - Not uncommon post insertion (perhaps as high as 10% get sub-clinical endometritis)
  - Usually normal flora
  - Clinical infection: pain, low grade fever, foul discharge
  - Treat with cipro or whatever

# Troubleshooting Tips

- Displacement
  - Insertion technique: perpendicular load, orientation to axis of the uterus
  - Ultrasound may be helpful
  - Fundal
  - Sometimes cramping pushes it down a bit

# Troubleshooting Tips

- Spontaneous Expulsion:
  - Occur 1-3%
  - Larger uteri (11.5 cm)
  - Adenomyosis
  - Hopefully noticed by the patient
  - Ultrasound diagnosis

# Troubleshooting Tips

- Intrauterine pathology:
  - Polyps (C/S, perimenopausal)
  - Sub-mucous fibroids
  - Much much more common than thought
  - Ultrasound will sometimes diagnose
  - History (past episodes of intermenstrual bleeding, BTB on all pills, etc.)

# Troubleshooting Tips

- SO... prolonged abnormal bleeding after Mirena insertion.
- What to do?

# Troubleshooting Tips

- Did the insertion “feel good”?
- Was it difficult?
- Were there any issues?
- Any signs/symptoms of infection?
- Can you see the string?
- Do cultures
- Get an ultrasound

# Troubleshooting Tips

- If insertion felt good and was easy, try empiric antibiotics while awaiting ultrasound. Cancel ultrasound if improvement with antibiotics
- If the insertion didn't feel good or was difficult, get ultrasound more quickly

# Troubleshooting Tips

- Ultrasound suggests polyp or sub-mucous fibroid:
  - Explain and do nothing
  - Refer for hysteroscopic resection +/- reinsertion of new Mirena
  - Ultrasound is not necessary as a pre-insertion screen

# Troubleshooting Tips

- CRAMPING
- Common
- “Awareness” of uterus
- Almost always relieved by NSAID’s
- Always check to make sure it’s not hanging half-way out of cervix
- If persistent, ultrasound re: displacement

# Troubleshooting Tips

- Pre-insertion:
  - Careful history re: bleeding on OCP's
  - STI screen
  - Counselling re: expected side effects, including incidence of amenorrhea
  - Beware young, thin, smokerssss

# Troubleshooting Tips

- Insertion:
  - Advil gel caps +/- misoprostol
  - During menses
  - Perpendicular load
  - Attention to axis