

Having a Mirena[®] fitted

Introduction

Mirena[®] is the trade name for a small plastic T-shaped device containing a progestogen hormone (levonorgestrel). It is fitted into the womb where it releases the hormone slowly over a period of five years. This leaflet explains how it works, how it is inserted and the risks and benefits of using it.

What is Mirena[®]?

It was developed as a contraceptive but while most other types of intra-uterine contraceptive devices (IUCDs) make a woman's periods heavier, the Mirena[®] makes them much lighter. Because of this, it is frequently used as a treatment for heavy periods or abnormal bleeding, even in women who don't need contraception.

How does it work?

Having a tiny plastic device inside the uterus will have a contraceptive effect; however, it is the progestogen hormone in the shaft of the Mirena[®] that makes it a good treatment for heavy periods as well as being an effective contraceptive.

Progestogen thins the lining of the womb so there is less material to bleed out during periods. The hormone also thickens the mucus in the cervix so that it is difficult for sperm to get through to fertilise the egg. The hormone goes directly into the lining of the womb rather than via the bloodstream and so the side effects are much less than using oral hormone preparations such as the combined pill or the 'mini' pill.

The benefits of Mirena[®]

Preventing pregnancy – the Mirena[®] is one of the best forms of contraception we have. If 500 women were to use the device for one year, only one would get pregnant. This is as good as being sterilised but without the risks of an operation.

No periods – after one year, about half the women with a Mirena[®] will have no menstrual bleeding at all. This may seem a bit unusual at first, but it doesn't cause any problems. There is no 'build up' of blood because the hormone prevents the lining of the womb from growing. Often, it is the excessive thickening of the lining that causes the problem in the first place.

Lighter periods – if menstruation is not stopped completely, the duration of the period is reduced and the amount of blood loss is usually significantly reduced. After three months the amount of blood loss is usually reduced by 80% or more and after one year, the menstrual blood loss is usually reduced by over 90% in most women.

Less pain – period pain is also reduced and the Mirena[®] has been successfully used to treat adenomyosis (endometriosis in the uterine muscle).

HRT – most benefits of HRT come from oestrogen, which relieves hot flushes, tiredness and protects bones against osteoporosis. If given alone, however, it causes thickening of the lining of the womb leading to irregular bleeding and other problems. For this reason, HRT also includes progestogen to thin and protect the lining of the womb.

Mirena[®] can be used to provide the progestogen part of an HRT regime. It has been shown to reduce the side effects of HRT, reduce bleeding problems that sometimes occur. It makes HRT more acceptable to women and prevents any thickening of the lining of the womb.

Avoiding surgery – it is much safer to insert a Mirena[®] than to have surgery for heavy periods or a sterilisation for contraception.

The risks of Mirena[®]

There are no serious risks from the Mirena[®] but like any medical treatment, there are occasional side effects:

Hormonal side effects – these are rare because the amount of hormone that gets into the body is tiny (about a seventh of that of the contraceptive pill). Some women notice side effects such as breast tenderness, mood changes, headache and acne. These are usually mild and only last a couple of months.

Ovarian cysts – the progestogen in the Mirena[®] slightly increases the chance of developing cysts in the ovaries (from 4:1000 who don't have a Mirena[®] to 12:1000 women with a Mirena[®]) but the overall risk is still very low and they usually go away without treatment.

Perforation – very rarely, the Mirena[®] might go through the wall of the womb. This most often happens at the time of fitting so it is best to have your Mirena[®] fitted by a doctor or nurse who has been trained to fit them.

Expulsion – rarely, the womb may push the Mirena[®] out or it may become displaced. It is, therefore, a good idea to feel the threads each month. Your doctor or nurse will teach you how to do this.

Bleeding problems – it may take a few months for the Mirena[®] to thin down the lining of the womb. During the first month, 20% of users experience heavy and prolonged bleeding of more than eight days duration. This usually settles and by the third month; only 3% have prolonged bleeding.

Inserting a Mirena[®]

Most women can have a Mirena[®] fitted, but it may be harder to fit if you have never had children, so it is advisable to discuss this with your doctor.

It may also be unsuitable if you have an abnormality in the shape of your womb.

Discomfort – to avoid discomfort when the Mirena[®] is fitted, we recommend that you take a painkiller such as Paracetamol or Ibuprofen (Brufen) about one hour before the appointment. Repeat this, following recommended dosage, for as long as necessary afterwards.

Previous infections – you should tell your doctor if you have had any sexually transmitted infections in the past, or if you have had sexual intercourse with a new partner within the last

12 months. In this case, you may be recommended to have a swab test before the device is fitted.

Heart conditions – tell your doctor if you have an abnormal heart valve, as you might need antibiotics to cover the insertion procedure.

Contact us

If you have any concerns or questions regarding your Mirena[®] in the first 48 hours after insertion, you can contact us on: Gynaecology Clinic 0118 322 7290, Sonning Emergency Clinic - 0118 322 7181.

Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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