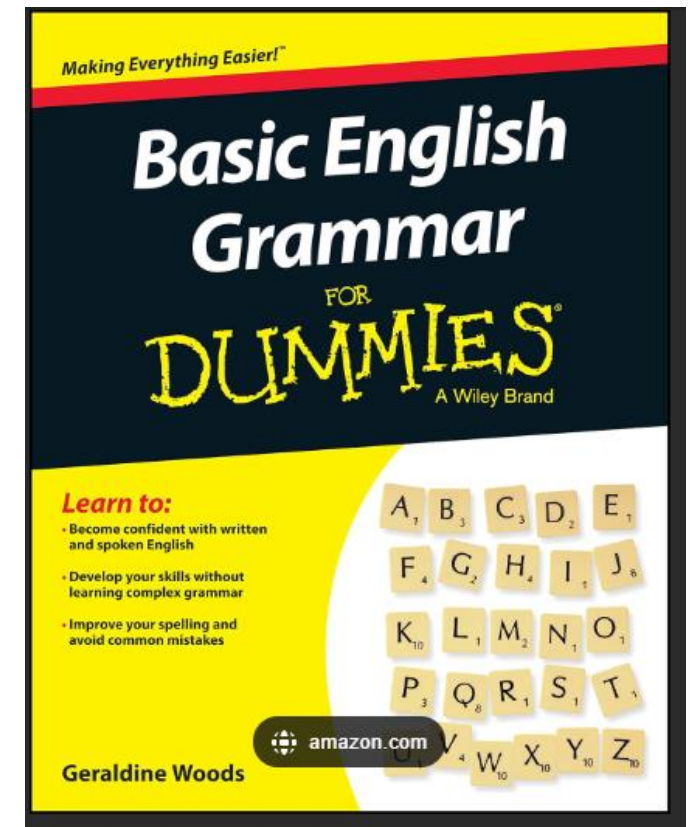
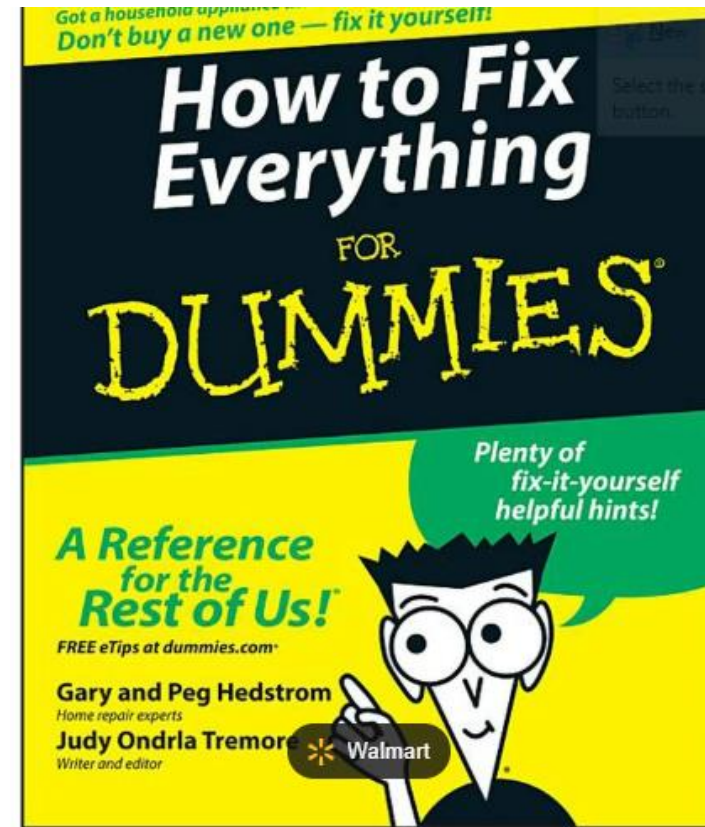


Dr Rachel Westwick

Coil removal for Dummies



FSRH resources

- [FSRH Bitesize: Intrauterine contraception \(IUC\) removal | FSRH](#)
- Intrauterine contraception guideline:
[fsrh-clinical-guideline-intrauterine-contraception-mar-23-amended.pdf](#)
- Top Tips for IUC removal (need to have membership for FSRH to access this – can become an affiliate member)
[Top Tips for IUC Removal.pdf](#)

FSRH resources

- Switching & starting guideline:

<https://fsrh.org/Public/Documents/fsrh-ceu-guidance-switching-or-starting-methods-of-contraception.aspx>

- Contraception for women over 40 guideline:

[FSRH Clinical Guideline: Contraception for Women Aged over 40 Years \(August 2017, amended July 2023\) | FSRH](#)

Other resources

- E learning for health:
eSRH – Module 15 Additional Training in
Intrauterine contraception – IUC
removal (section 10) & managing
complications (section 8)

Intrauterine Contraception (IUC)

This session provides evidence-based recommendations and good practice points for healthcare professionals on the insertion of intrauterine contraception (IUC) and techniques used within the UK. The session also discusses management of immediate complications and post-insertion advice.

In order to complete this session, you are required to pass the assessment.

Select the:



Timing for removal of IUC

Table 18: Recommendations for timing of intrauterine contraception removal/replacement

Situation	Advice
Removal for a planned pregnancy	<ul style="list-style-type: none"> ▶ Offer preconception advice ▶ IUC can be removed at any time ▶ User should be advised that pregnancy is possible as soon as IUC is removed
Removal – not for planned pregnancy and not switching to an alternative	<ul style="list-style-type: none"> ▶ Abstain/use condoms in the 7 days prior to removal ▶ If there has been UPSI in the 7 days prior to removal, ideally defer IUC removal until no UPSI for 7 days ▶ Where this is not possible, consider EC AND ▶ Recommend a PT 21 days after the last episode of UPSI
▶ Removal – menopause	<ul style="list-style-type: none"> ▶ Contraception is no longer required when an individual: <ul style="list-style-type: none"> ▶ Is aged 55 years or over OR ▶ Is a Cu-IUD user, aged >50 years and their LMP was >12 months ago OR ▶ Is an LNG-IUD user, aged >50 years, and an FSH ≥12 months ago was ≥30 IU/L ▶ IUC should normally be removed when it is no longer required and not left in situ indefinitely ▶ Although no longer required for contraception, an individual may continue to use a 52 mg LNG-IUD for endometrial protection as part of HRT. This should be replaced every 5 years
Removal and replacement	<ul style="list-style-type: none"> ▶ See Section 10.2: When can IUC be inserted?
Removal – switching to an alternative method of contraception	<ul style="list-style-type: none"> ▶ See FSRH Guidance Switching or Starting Methods of Contraception³⁸²

Cu-IUD, copper intrauterine device; EC, emergency contraception; FSH, follicle-stimulating hormone; HRT, hormone replacement therapy; IUC, intrauterine contraception; LMP, last menstrual period; LNG-IUD, levonorgestrel intrauterine device; PT, pregnancy test; UPSI, unprotected sexual intercourse.

Patient planning a pregnancy

May need to consider delay in IUC removal

Don't forget to discuss pre pregnancy planning

- **Medical history:**

- Effect of pregnancy on medical problems?
- May need Obstetric input for specialist counselling.
- May need to see consultant specialist to discuss optimization of medical condition first.

- **Medication:**

- Any teratogenic medication?
- Does dose of medication need to be adjusted?

- **BMI?**















- **Smoking?**

- **Alcohol?**

















- Discuss folic acid (5 mg od dose if BMI ≥ 30) and vitamin D

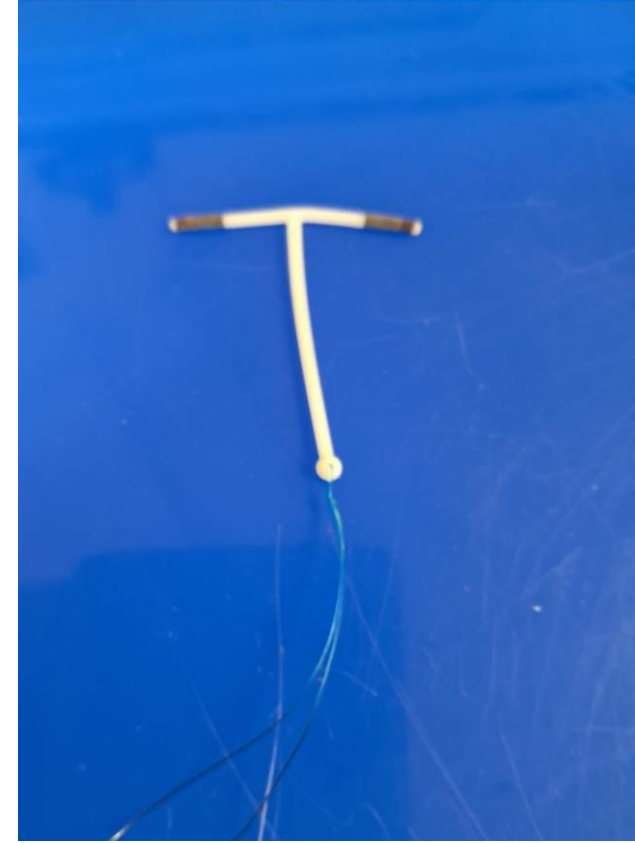
Patient wishing to change to an alternative method of contraception

Switching or Starting Contraception April 2023

Intrauterine contraception – LNG-IUD		CHC	DSG/ TRAD POP	DRSP POP	DMPA	IMP	LNG-IUD	Cu-IUD
LNG-IUD - any 52mg LNG-IUD in situ for up to 6 years	No UPSI in the last 7 days							
- any 52mg LNG-IUD inserted >age 45 years - any 19.5mg LNG-IUD in situ for up to 5 years - any 13.5mg LNG-IUD in situ for up to 3 years	UPSI in the last 7 days	 AND Retain LNG-IUD for 7 days after last UPSI	 AND Retain LNG-IUD for 7 days after last UPSI	 AND Retain LNG-IUD for 7 days after last UPSI	 AND Retain LNG-IUD for 7 days after last UPSI	 AND Retain LNG-IUD for 7 days after last UPSI	Abstain/ use condoms for 7 days prior to change in case new device can't be inserted THEN 	Abstain/ use condoms for 7 days prior to change in case new device can't be inserted THEN 

Patient wishing to change to an alternative method of contraception

Intrauterine contraception – LNG-IUD		CHC	DSG/ TRAD POP	DRSP POP	DMPA	IMP	LNG-IUD	Cu-IUD
LNG-IUD – Any 52mg LNG-IUD in situ for 6-7 years (does not apply to 52mg LNG-IUDs inserted ≥ age 45 – see table on page 12)	No UPSI in the last 7 days AND PT neg today	 +	 +	 +	 +	 +	 +	
AND PT at 21 days after last UPSI								
UPSI in the last 7 days AND PT neg today	 +	 +	 +	 +	 +	 +	Abstain/ use condoms for 7 days prior to change in case new device can't be inserted	Abstain/ use condoms for 7 days prior to change in case new device can't be inserted
	AND	AND	AND	AND	AND	AND	THEN	THEN
	Retain LNG-IUD for 7 days after last UPSI	Retain LNG-IUD for 7 days after last UPSI	Retain LNG-IUD for 7 days after last UPSI	Retain LNG-IUD for 7 days after last UPSI	Retain LNG-IUD for 7 days after last UPSI	Retain LNG-IUD for 7 days after last UPSI	 +	
								
AND PT at 21 days after last UPSI								



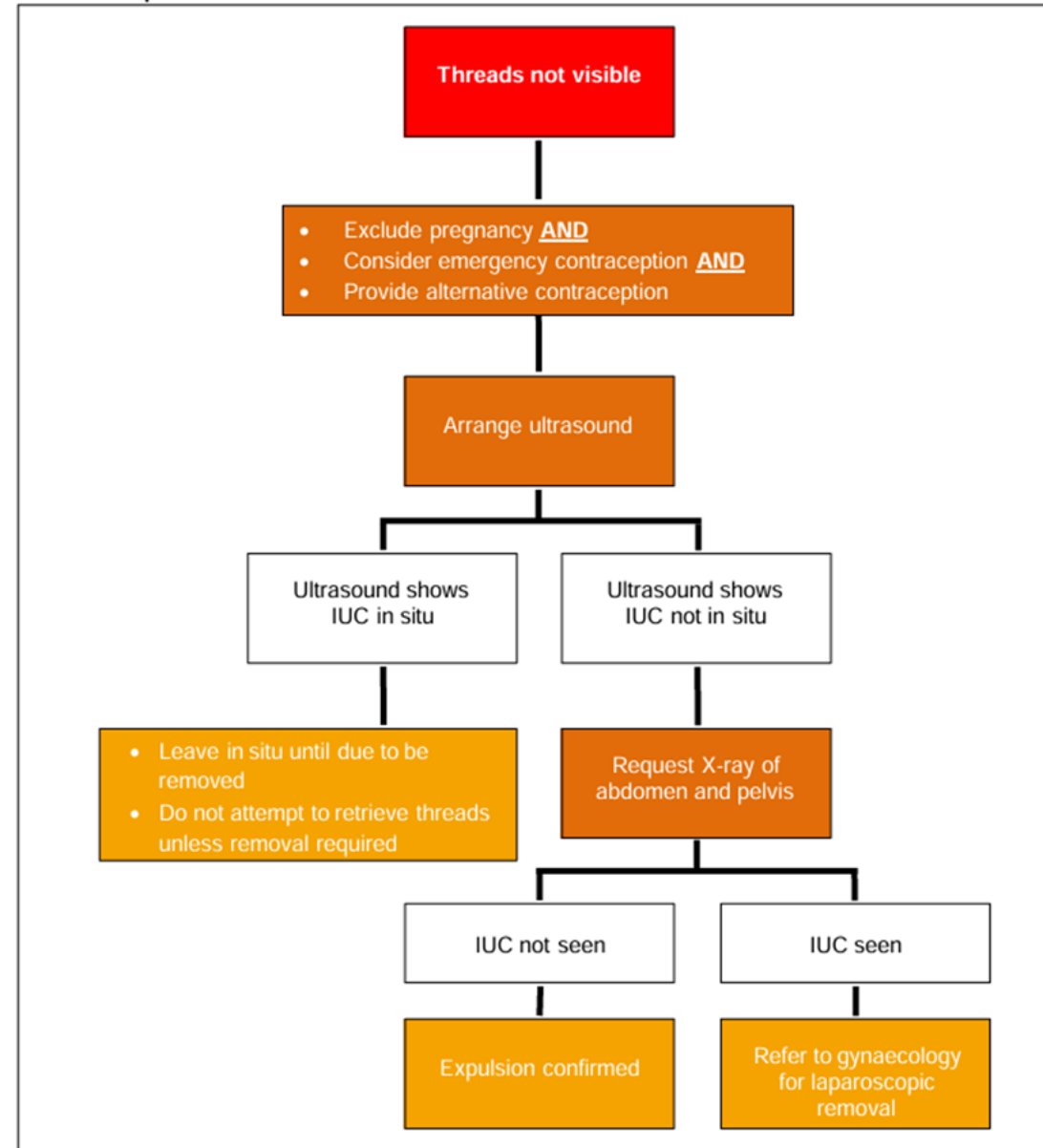
Unexpected findings

- Non-visible threads
- Broken / incomplete device
- Hormonal sheath of IUS covering arms

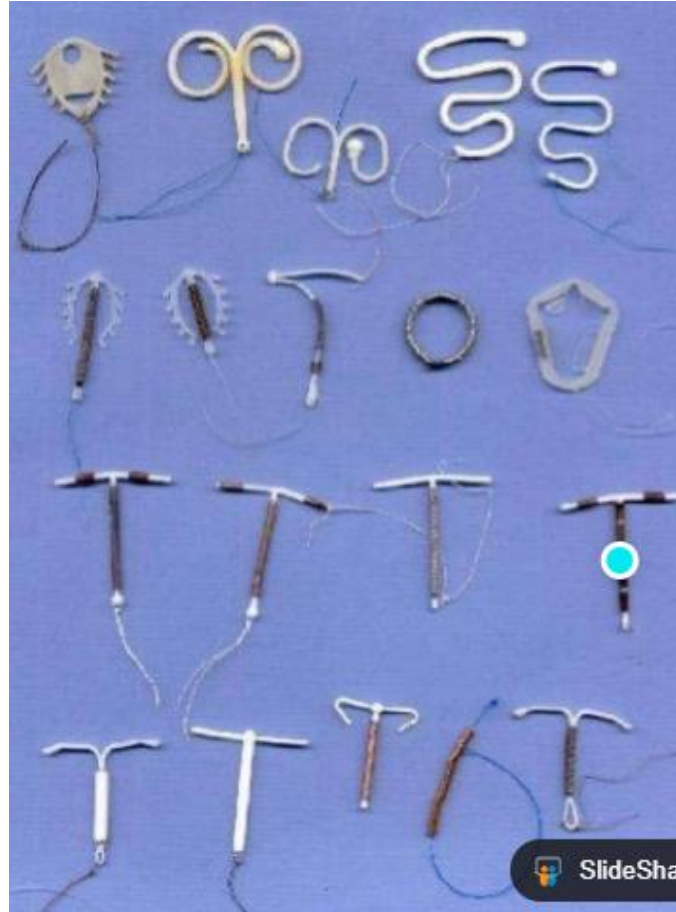
Non-visible threads

*Try to avoid saying
lost threads
(patients
sometimes panic!)*

Figure 2: Management of individuals when intrauterine contraceptive (I U C) threads are not visible on speculum examination.



Removal of an unusual device



Difficult removals

Maybe due to:

Narrow cervical canal / os – e.g. nulliparity, post menopausal, post cervical surgery

Malposition or Partial perforation of device

Structural uterine abnormality e.g. fibroid distorting cavity / obstructing passage of IUC

Consider:

USS

Use of tenaculum +/- Cervical dilation – if experience of this

Ref to specialist (Swindon SH Complex Contraception Clinic)

Vasovagal reaction

Very rare with a coil removal

Caution in patients with previous history of vasovagal (especially with coil insertion)

Lie patient down

Raise legs

Set of obs – BP and pulse

Questions?

