Advancing Providers’ Practice
ASK THE EXPERTS

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QUESTIONS?
IUD SIDE EFFECTS

• Kim, 21 year old G0, LNG IUD placed 2.5 months ago
  • “I’m bleeding every day!”
  • Minimal cramping
  • Exam: strings visible, no plastic seen or palpated

• What could be going on?
• What would you recommend?
RECAP: LNG IUD

• Bleeding profile
  • Irregular first 3-6 months
  • Light bleeding or amenorrhea
  • 19% of discontinuations

• Cramping
  • 11% of discontinuations

• Hormonal side effects
  • Low circulating LNG level
  • Rare

Schreiber et al 2018; Nelson et al 2013; Rowe et al 2016; Sanders et al 2018
RECAP: Copper IUD

- **Bleeding**
  - Regular, increased bleeding
  - Menstrual bleeding increases by 55%
  - 35% of discontinuations

- **Cramping/pain**
  - Increases with insertion
  - Gradually decreases over next 6 months
  - 17% of discontinuations

Schreiber et al 2018; Nelson et al 2013; Sanders et al 2018; Milsom et al 1995
• Supportive counseling and reassurance
  • Time!
  • Remove if desired
• NSAIDs (for bleeding and cramping)
  • Naproxen, Ibuprofen
• Oral combined contraceptives
If bleeding persists, or if woman requests it, medical treatment can be considered.

**Cu-IUD users**
- For unscheduled spotting or light bleeding or for heavy or prolonged bleeding:
  - NSAIDs (5-7 days of treatment)

**LNG-IUD users**
- For unscheduled spotting or light bleeding or heavy/prolonged bleeding:
  - NSAIDs (5-7 days of treatment)
  - Hormonal treatment (if medically eligible) with COCs or estrogen (10-20 days of treatment)

**Implant users**
- For unscheduled spotting or light bleeding or heavy/prolonged bleeding:
  - NSAIDs (5-7 days of treatment)
  - Hormonal treatment (if medically eligible) with COCs or estrogen (10-20 days of treatment)

**Injectable (DMPA) users**
- For unscheduled spotting or light bleeding:
  - NSAIDs (5-7 days of treatment)

  - For heavy or prolonged bleeding:
    - NSAIDs (5-7 days of treatment)
    - Hormonal treatment (if medically eligible) with COCs or estrogen (10-20 days of treatment)

**CHC users (extended or continuous regimen)**
- Hormone-free interval for 3-4 consecutive days
- Not recommended during the first 21 days of extended or continuous CHC use
- Not recommended more than once per month because contraceptive effectiveness might be reduced

If bleeding disorder persists or woman finds it unacceptable

Counsel on alternative methods, offer another method, if desired

*If clinically warranted, evaluate for underlying condition. Treat the condition or refer for care. Heavy or prolonged bleeding, either unscheduled or menstrual, is uncommon among LNG-IUD users and implant users.*

**Abbreviations:**
- CHC = combined hormonal contraceptive
- COC = combined oral contraceptive
- Cu-IUD = copper-containing intrauterine device
- DMPA = depot medroxyprogesterone acetate
- LNG-IUD = levonorgestrel-releasing intrauterine device
- NSAIDs = nonsteroidal anti-inflammatory drugs

**Source:** For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at [http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm).
SIDE EFFECTS MANAGEMENT

- If continued bleeding and cramping:
  - Pelvic exam
  - Evaluate for malposition or expulsion (ultrasound)
  - Pregnancy test
- Malpositioned
  - Increased risk of contraceptive failure
  - Remove and replace
Ashley is a 19 year old G0, Nexplanon placed 5 months ago
• Reports bleeding or spotting most days of the month since placement

What could be going on?
What would you recommend?
SIDE EFFECTS: Implant

- **Bleeding**
  - Irregular bleeding/spotting
  - Decreases after first 3 months
  - 20% amenorrhea
  - 14.8% of discontinuations

- **Hormonal side effects**
  - Headache (16%)
  - Weight gain (12%)
  - Acne (12%)
  - Breast tenderness (10%)
  - Emotional lability (6%)

Darney et al 2009
SIDE EFFECTS MANAGEMENT

- Supportive counseling and reassurance
- NSAIDs
  - 5-7 days
- Oral combined contraceptive
- Bleeding will return on cessation of oral contraceptives
DIFFICULT IUD INSERTION

• Lauren is a 28 year old G0 here for Paragard placement
  • Negative pregnancy test
  • LEEP 3 years ago for CIN 3, last pap negative
  • Exam: retroverted, normal sized uterus
  • Very low pain tolerance with speculum placement
  • Pinpoint cervical os

• What makes you concerned about this insertion?
DIFFICULT IUD INSERTION

• **LEEP** 3 years ago for CIN 3, last pap negative

• Exam: **retroverted**, normal sized uterus

• **Very low pain tolerance** with speculum placement

• **Pinpoint cervical os**

• How would you approach this placement?
SET UP FOR SUCCESS

- Bimanual exam
- Uterine position and size
- Tenaculum: firm traction
- Align uterus and cervical canal

Anteverted

Retroverted
GETTING INTO THE UTERUS

- Still unable to pass sound with traction on tenaculum
  - Internal os resistance?
  - Patient discomfort?
GETTING INTO THE UTERUS

• Issue with cervical os?
  • Os finders
  • Cervical dilators
CERVICAL DILATION

- Sound/dilator
- Os finders
- Dilators
PATIENT DISCOMFORT

- Set expectations
  - Discuss insertion steps
  - Important to be realistic
    - Cramping is normal and expected
    - Provide reassurance
PARACERVICAL BLOCK

• When to use it?
  • Needing to dilate
  • Concern for low pain tolerance

• **NOT** recommended for routine use
PARACERVICAL BLOCK

- Use 10cc of 1% lidocaine plain
  - Cervicovaginal junction
  - Inject at 4 and 8 o’clock
  - 5mm to 1cm depth
- 25g, 1.5” needle on a needle extender
- Draw back to avoid intravascular injection
TIPS FOR SUCCESS

• Perform a bimanual exam
• Traction on tenaculum
• Have dilators/os finders available
• Paracervical block prn

• If still unsuccessful:
  • Ultrasound (US) guidance
  • Refer to provider with US
HELP!

- My patient feels faint during placement
  - Vasovagal syncope can occur
- If symptoms start:
  - Have patient tense arm and leg muscles
  - Ice pack to back of neck
  - Cool, wet cloth on forehead

Sadly, can’t do this!
DIFFICULT IUD REMOVAL

• Jessie is a 36 year old G2P2 here for Liletta removal
  • IUD placed 4 years prior
  • “Can’t feel strings”
  • Exam: anteverted, normal sized uterus
  • No strings visible on speculum exam

• What is your next step?
NO STRINGS

- Assess bleeding history of risk of expulsion
- Pregnancy test!
- **Confirm** IUD location
  - Transvaginal ultrasound
  - KUB X-ray
NO STRINGS

If confirmed in situ and doesn’t want removal: 
DO NOTHING

What if the report says it’s embedded?  
If no symptoms: 
DO NOTHING
NO STRINGS

- Confirmed in situ
- Attempt sweep with cyto brush
- Alligator forceps
  - Use paracervical block
  - May need dilation
  - +/- ultrasound guidance
Katie is a 29 year old G1P1 here for Nexplanon removal
  • Placed 2 years ago, desires pregnancy
  • “I haven’t been able to feel it”
  • Exam: implant not palpable in arm

What is your next step?
DEEP IMPLANT

- **Confirm** implant location
- Upper extremity imaging:
  - Ultrasound
  - 2-view X-rays
DEEP IMPLANT

• Removal – Refer
• Call Merck for a Center of Experience near you
• 1-877-888-4231
AVOID DEEP IMPLANT

• New placement recommendations
  • Replacement, too
• Avoids neurovascular bundle in biceps groove

• Hand behind head
• 8-10cm from medial epicondyle
• 3-5cm inferior to biceps groove
MORE CASES
CASE 1

- Maria is a 20 yo G0 here for LNG IUD insertion
  - LMP 2 weeks ago, regular 28 day cycles
  - Unprotected intercourse 5 days ago

- How would you approach counseling her?
- Should you place the IUD?
CASE 2

- Mary is a 34 yo G4P4 who is 6 weeks postpartum
- Desires IUD placement
- Breastfeeding
  - During IUD insertion, your sound initially has a little resistance around 7cm, but then easily keeps going to 11cm

- What do you think happened?
- What should you do next?
- Should you insert the device?
CASE 3

• Jo is a 31 yo G1P1 with a copper IUD and positive UPT
  • IUD placed 3 years ago
  • Took home pregnancy test as she felt pregnant and missed a period
  • Pregnancy test in clinic is positive
  • Approximately 5 weeks by LMP

• What is your next step?
Casey is a 42 yo G2P2 who wants her IUD removed
  • Copper IUD placed 11 years ago
  • Exam: normal, string visualized
  • Removal: strings grasped, traction applied and strings break off. Device not removed

What do you do next?
CASE 5

• Elle is a thin 22 year old G0 here for Nexplanon removal
  • Placed 5 years ago
  • “Felt like it moved after placement”
  • Exam: implant barely palpable in arm along biceps groove
    approx 4-5 cm from insertion scar, not very mobile
  • US confirms location, appears to be in subcutaneous tissue

• What would you do next?
QUESTIONS?