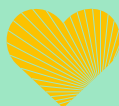


Mirena Intrauterine Device



fernandez

Built for Birthing



What is Mirena and what is it used for?

It is a small, flexible T-shaped plastic device containing levonorgestrel, a progesterone hormone. It is like a Copper T coil, but instead of copper, contains progesterone. It has threads in the lower part which are used to check coil position and also for the removal of the same. Mirena is placed in the uterus where it slowly releases the hormone, resulting in thinning of the uterine lining (endometrium). Very little hormone enters the blood, thus avoiding potential side effects. Moreover, daily administration of medication is avoided. Mirena can be used:

- To treat heavy menstrual bleeding
- To reduce pain associated with periods
- If endometrial biopsy shows hormonal imbalance (hyperplasia)
- To protect the uterus in menopausal women taking hormone replacement therapy

Simultaneously, it serves as an effective birth control measure.



Steps of the procedure

This is an outpatient procedure which usually does not warrant anaesthesia. After one lies down on the examination couch, the cervix is visualized and cleansed with an antiseptic solution. The device is inserted into the uterine cavity and the threads are trimmed short; sometimes, the cervix may have to be steadied with an instrument if there is difficulty in insertion. The whole procedure takes a few minutes. Following insertion, the device is not felt but one should be able to feel the threads with fingers placed in the vagina. One must feel for (but not tug on) the threads every month and report to the hospital if not felt.

Mirena is best inserted within seven days of the onset of the menstrual period when one is not pregnant and when insertion is easier. There may be mild discomfort during and immediately after insertion, and one may notice minimal vaginal spotting for a day or two. Normal activities can be resumed after the procedure. Mirena does not interfere with sexual intercourse. The device remains effective for 5 years and can be removed in the outpatient setting.



How effective is Mirena?

- 90% report significant improvement of pain
- 70% find their periods to be lighter
- 30% may stop having periods after a few months (and this is not alarming)
- With regards to birth control, although very efficacious, 1-2 per 1000 women may fall pregnant each year which may sometimes be an ectopic pregnancy (i.e., pregnancy outside the uterus)



Are there any risks?

There are no serious side effects. One may experience irregular vaginal spotting for a period of 3 to 6 months. Infection and perforation of the uterine wall are uncommon. Rarely, the Mirena may be expelled during the period (in less than 3% of women). Around 12% of women develop ovarian cysts which usually disappear on their own in a month or two.



Follow up

After 6 weeks a follow-up check for symptoms and coil placement will be offered.



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