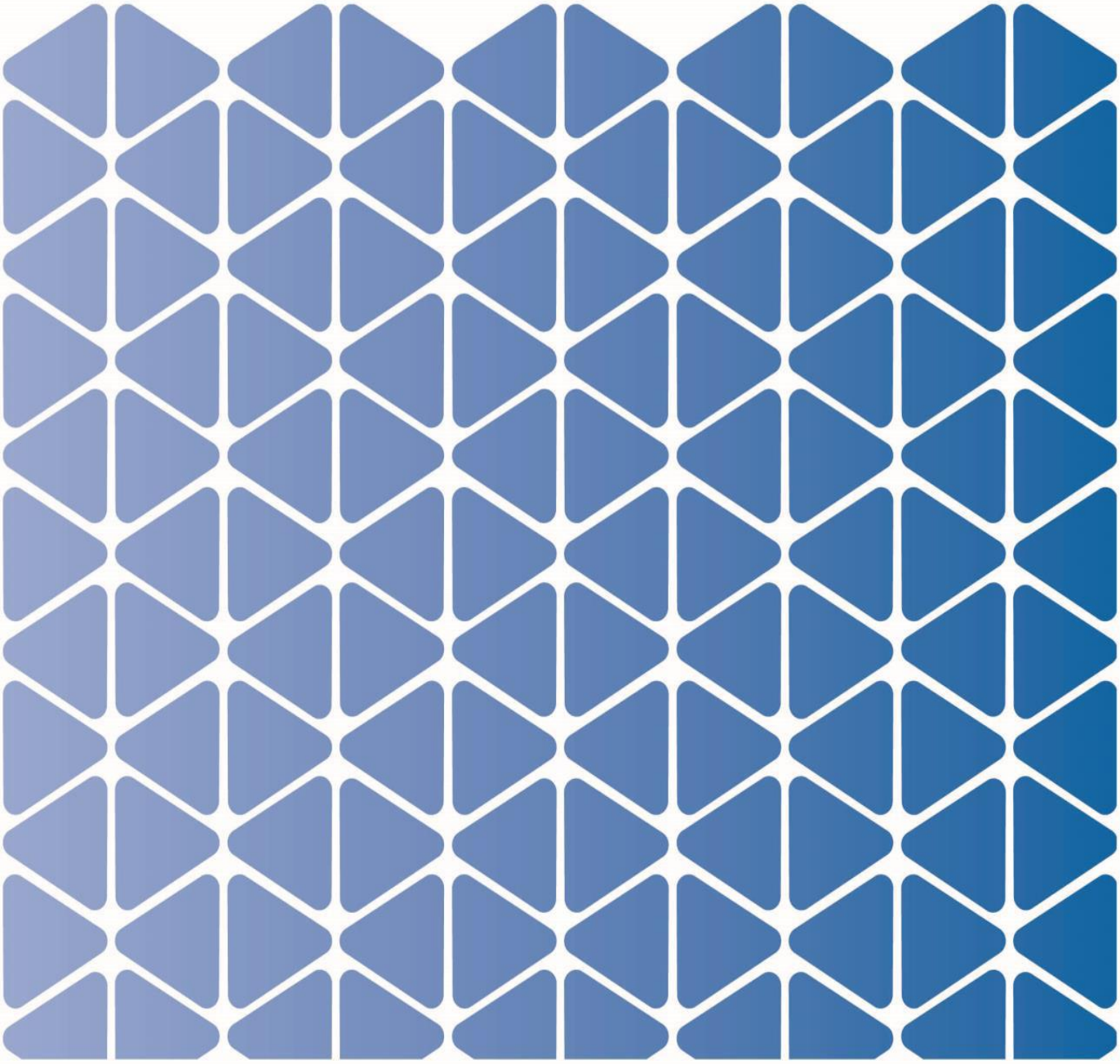
PATIENT INFORMATION

NHS
Worcestershire Acute Hospitals
NHS Trust

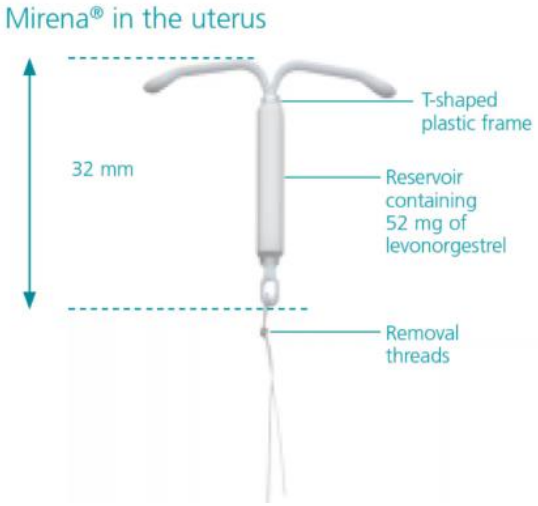
MIRENA COIL FOR HEAVY MENSTRUAL BLEEDING



We hope that this information leaflet will help you to understand your care options. We hope that you will feel comfortable to ask questions of your health professional so that you can work together to make a plan that meets your needs and priorities.

Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.

What is the Mirena coil?



The Mirena coil is a small T-shaped plastic device which is placed inside the womb. The device slowly releases a form of the hormone progesterone (levonogestrel). Two fine, hair-like threads are left hanging through the neck of the womb (cervix), which are used for removal. These can generally not be felt.

How does the Mirena coil treat heavy menstrual bleeding?

The progesterone released by the coil thins the lining of the womb and stops it growing. This has the effect of lessening and in some cases completely stopping your bleeding. Around 30% of women will have no periods at all (amenorrhea) when using the Mirena coil. This effect builds up so it can take a few months for any improvement in your periods to be seen. As a result, we generally recommend a six-month trial of the Mirena coil, before deciding whether it is working or not.

How is the Mirena coil inserted and what will I feel?

The Mirena coil is inserted during a simple procedure. A small tube-like device, containing the coil, is passed through the neck of the womb and the device is deployed into the womb. The threads are then trimmed.

Most women are able to tolerate this simple procedure, without any anaesthetic. In some clinics there is the option of being given local anaesthetic to the neck of the womb. This can make passing the device through the neck of the womb less uncomfortable, but does not make it completely pain free. Most women will experience some mild cramping pain, like period pain, after insertion. This will usually settle quickly and can be managed with simple analgesia such as paracetamol/ibuprofen.

What are the other benefits of having the Mirena coil?

Contraception – The Mirena coil is also a very effective contraception. It is often termed as a 'LARC' – long acting reversible contraception. It fails less than 1 in 1000 times. It is effective as a contraception immediately after insertion and licensed for eight years. For this reason it cannot be used if you are currently trying to get pregnant.

Management of pain – The Mirena coil is also effective against endometriosis, so if you have symptoms from this it may help with those. It is also effective in preventing endometriosis regrowing after surgery.

Endometrial cancer or hyperplasia – The Mirena coil is also used for treatment of these conditions. By thinning the lining of the womb it makes developing these conditions less likely.

As part of HRT – The Mirena coil can form the progesterone part of hormone replacement therapy (HRT). As it is so effective at thinning the lining of the womb, it is very good at preventing unscheduled bleeding on HRT. It is licensed for five years for this use.

What are the problems with having the Mirena coil inserted?

As with all minor procedures there is a small risk of complications either at the time it is inserted or shortly after. These include:

- Discomfort/pain – usually settles within 48 hours;
- Dizziness – usually settles very quickly;
- Falling out (expulsion) – usually occurs withn the first few weeks. This occurs in around 1 in 20 women. This is more common where fibroids are present;
- Infection – this occurs in around 1-2% of women. For most this will be within the 48 hours after insertion;
- Uterine perforation – a small hole can be made in the womb during insertion. It usually heals without further treatment but can lead to the Mirena coil being inserted into the wrong place. This occurs in less than <1% of cases.
- Irregular bleeding – for women whos periods do not stop completely, most will find their bleeding is irregular, but generally much lighter.

How should I prepare for my Mirena coil insertion?
The main thing to ensure prior to insertion is to ensure there is no risk of pregnancy. We would recommend avoiding unprotected sexual intercourse for 2 weeks prior to having your Mirena coil inserted.

Some women find it beneficial to take some pain relief 30 minutes prior to the procedure. Paracetamol and/or ibuprofen are usually sufficient.

How is the Mirena coil removed?
If for any reason you want your Mirena coil removed or it is due to be changed, this can generally be done very easily. A speculum is inserted to the vagina (like during a smear test), and the coil threads pulled. This folds the coil up and removes it from the womb. This is generally mostly pain free. In some cases, the coil can become stuck and need further treatment to remove it.

Your notes

You can fill out the following table with your healthcare professional. This will help you to think about which option is best for you, given your individual situation. Doing nothing is also an option.

My Options include…	The Benefits Why is this option good for me?	The Risks What is not so good about this option for me?
To have treatment		
To do nothing		
Alternative treatment(s)		

You might also want to ask…

- How quickly should I expect to see an improvement?
- Who should I contact if I have questions after I leave today?
- Do I need to come back to the hospital again? Or to see my GP after today?
- Where can I go to get more information?
- What lifestyle changes could I make to support my recovery?

Your notes

Remember you can always ask the Doctor to explain things differently, explain things again, or to write down information for you.

Who should I contact if I have any problems?
The Women's Health Unit is open 9-5pm Monday to Friday. Please feel free to call with any concerns you may have after your treatment.

The Emergency Gynaecology Assessment Unit (EGAU) is open 24 hours a day, 7 days a week. If you have any concerns outside of these hours you can ring EGAU to speak to one of the gynaecology nurses for advice. You can also speak to your GP who may be able to help with many issues.

Emergency Gynaecology Assessment Unit – 01905 761 489
Women's Health Unit – 01527 512 131 (Monday-Friday 0900-1700).

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.