Mirena Intrauterine System

What is Mirena?
Mirena is a flexible intrauterine T-shaped device which provides a steady release of the hormone levonorgestrel. The device is placed in your uterus to prevent pregnancy for up to 5 years. Mirena releases the hormone into the uterus and only small amounts of the hormone enter your blood. Two brown threads are attached to the stem of the T. You can check that Mirena is in place by feeling for the threads at the top of your vagina with your fingers. Your health care provider can also remove the Mirena at any time by pulling on the threads. The threads are the only part of Mirena that you can feel when Mirena is in your uterus.

Why use Mirena?
Mirena is a very effective form of contraception providing a 0.1% failure rate or resulting in less than one pregnancy per 100 individuals. Mirena is also used to control menstrual bleeding and pain associated with abnormal uterine bleeding and endometriosis.

What if I need birth control for more than 5 years?
You must have Mirena removed after 5 years, but your health care provider can insert a new MIRENA then if you choose to continue using Mirena.

What if I change my mind about birth control and decide to have another baby?
Your health care provider can remove Mirena at any time by pulling on the threads. You may become pregnant as soon as Mirena is removed. About 8 out of 10 women who want to become pregnant will become pregnant some time in the first year after Mirena is removed.

How does Mirena work?
Mirena is effective through three pathways. The first is the continuous release of a progesterone called levonorgestrel. This hormone causes the uterine lining to gradually thin. The second pathway is by thickening cervical mucous to prevent sperm from entering the uterine cavity. Thirdly, in some women, ovulation is interrupted but this is not the usual method of effectiveness.

How well does Mirena work?
Less than 1 out of 100 women using Mirena become pregnant during five years of Mirena use.

Who is eligible for Mirena?
All menstruating women in a monogamous relationship are eligible for Mirena insertion.

Who might use Mirena?
You might choose Mirena if you: need birth control with a low failure rate, need birth control that is reversible, need birth control that is easy to use, or have had at least one baby.
Who should NOT use Mirena?
Do not use Mirena if you:  might be pregnant, have had a serious pelvic infection called pelvic inflammatory disease (PID), have had a serious pelvic infection in the past 3 months after a pregnancy, have more than one sexual partner or your partner has more than one partner, have an untreated pelvic infection now, can get serious infections easily (for example, you have problems with your immune system, leukemia, AIDS, or intravenous drug abuse), you might have cancer of the uterus or cervix, have bleeding from the vagina that has not been explained, have liver disease or liver tumor, have breast cancer now or in the past, have had an ectopic pregnancy or know you are at high risk for ectopic pregnancy, have an intrauterine device in your uterus already, have a condition of the uterus that distorts the uterine cavity, such as large fibroid tumors, are allergic to levonorgesterel, silicone, or polyethylene.   Tell your health care provider if you:  recently had a baby, are diabetic, were born with heart disease or have problems with your heart valves, or have problems with blood clotting or take medicine to reduce clotting.

How to receive a Mirena?
Mirena is inserted by your healthcare provider at an office visit.  An initial visit will be required for a pelvic exam, pap smear, and a discussion of the risks and benefits of Mirena use.  Sometimes, an ultrasound of the uterus will be ordered to verify it's size and shape.  At the second office visit, Mirena is inserted.  The entire procedure only takes several minutes.  First the health care provider will examine your pelvis to fine that exact position of your uterus.  Your health care provider will then clear your vagina and cervix with an antiseptic solution, and slide a thin plastic tube containing Mirena into your uterus.  Your health care provider will then remove the plastic tube, leaving Mirena in your uterus.  Finally, the strings will be cut to the proper length.  Medication for sedation is not necessary for insertion, so that driving a vehicle is possible post-insertion.  Mirena is generally inserted during the first few days of menstrual bleeding.

What are the side effects of Mirena?
Cramping at the time of insertion is likely.  Taking 800mg of Motrin prior to the procedure is helpful in alleviating any discomfort.  As with any procedure, infection is a possibility.  Your provider will complete the procedure using sterile technique to avoid this from occurring.  Uterine perforation is a rare possibility.  Again, your provider will take steps to prevent this from occurring.

What are the benefits of Mirena?
1. Reliable contraception for a 5 year period.
2. 20 to 56% of people with Mirena are amenorrheic (without a period) after 1 year of use.  In the first six months of use, irregular bleeding is a possibility.  After six months, the lining of the uterus should have thinned.  The result is lighter, less painful periods.

Does Mirena affect my ability to get pregnant at a later time?
No, Mirena will not affect your ability to conceive a pregnancy after removal of the
device. Mirena is effective for five years. The intrauterine device may be removed at an office visit at anytime during the 5 year period. Studies have shown that 80% of women become pregnant within 1 year after the device is removed. This is the same pregnancy rate for woman not using a hormonal method of contraception.

**What if the Mirena IUD “falls out”?**
Theoretically, expulsion may occur. This is most likely to happen during the first menstrual cycle following insertion. An office appointment will be made after the following menstrual period to verify the presence of the IUD.

**How will Mirena change my periods?**
For the first 3 to 6 months, your monthly period may become irregular. You may also have frequent spotting or light bleeding. A few women have heavy bleeding during this time. After your body adjusts, the number of bleeding days is likely to decrease, and you may even find that your periods stop altogether.

**What are the possible side effects of using Mirena?**
*The following are serious but uncommon side effects of Mirena:* 1) pelvic inflammatory disease (PID). Some IUD users get a serious pelvic infection called pelvic inflammatory disease. PID is usually sexually transmitted. You have a higher chance of getting PID if you or your partner have sex with other partners. PID can cause serious problems such as infertility, ectopic pregnancy, or constant pelvic pain. Tell your health care provider right away if you have any of these signs of PID: long-lasting or heavy bleeding, unusual vaginal discharge, low abdominal (stomach area) pain, painful sex, chills, or fever. 2) Life-threatening infection. Life threatening infection occurs rarely within the first few days after Mirena is inserted. Call your health care provider if you develop severe pain within a few hours after insertion. 3) Perforation: Mirena may go through the uterus. This is called perforation. If your uterus is perforated, you may need surgery to remove Mirena. Perforation can cause internal scarring, infection, or damage to other organs. 4) Expulsion. Mirena may come out by itself. This is called expulsion. You may become pregnant if Mirena comes out. Use a backup birth control method like condoms and call your health care provider if you notice that Mirena has come out. *Other side effects may include:* 1) Cramps, dizziness, or faintness while Mirena is being inserted. This is common. Sometimes, the cramping is severe. 2) Missed menstrual periods: About 2 out of 10 women stop having periods after 1 year of Mirena use. The periods come back when Mirena is removed. If you do not have a period for 6 weeks during Mirena use contact your health care provider. 3) Changes in bleeding. You may have bleeding and spotting between menstrual periods, especially during the first 3 to 6 months. Sometimes the bleeding is heavier than usual at first. However, the bleeding usually becomes lighter than usual and may be irregular. Call your health care provider if the bleeding remains heavier than usual or if the bleeding becomes heavy after it has been light for a while. 4) Cyst on the ovary. About 10% of women using Mirena will have a cyst on the ovary. These cysts usually disappear on their own in a month or two. However, cysts can cause pain and sometimes cysts will need surgery. (This is not a complete list of side effects)
When should I call my health care provider?
Be sure to call your healthcare provider if you:  think you are pregnant, have pelvic pain or pain during sex, have unusual vaginal discharge or genital sores, have unexplained fever, might be exposed to STDs, cannot feel Mirena's threads, develop very severe or migraine headaches, have yellowing of the skin or whites of the eyes (these may be signs of liver problems), have a stroke or heart attack, or your partner becomes HIV positive, have severe or prolonged vaginal bleeding, or you miss a menstrual period.

Will Mirena be covered by insurance?
Most health insurances do cover Mirena. The office staff at Pineview Gynecology will verify at what level your health insurance will pay for the insertion and the Mirena system. The remainder of the payment will be expected at the time of service.

Copyright 2004, Berlex, Inc. All rights reserved.