

Intrauterine device/system

Checklists and patient confirmation form

Practitioner	Patient
<p>Complete the pre-insertion checklist and confirmation.</p> <p>Ensure nurse is available along with emergency equipment, including atropine, adrenaline (epinephrine), needle/syringe, IV access, Jelco, oxygen and ready access to management of vasovagal episode guideline.</p> <p>Consider the need for a pregnancy test and perform if indicated.</p>	<p>Complete the pre-insertion checklist and confirmation.</p>
	<p>Bring device.</p>
	<p>Take pre-medication – nonsteroidal anti-inflammatory (NSAID) (naproxen 550mg or ibuprofen 800mg), paracetamol or other options due to medication allergy or increased analgesic need as discussed with GP, 1 hour before the procedure.</p> <p>Do not fast prior to the procedure – eat and drink normally.</p>
<p>Be prepared with:</p> <ul style="list-style-type: none"> • gauze/cotton wool • lignocaine and prilocaine cream, if using¹ • local anaesthetic via dental syringe, if using² • sterile exam gloves • sterile equipment on tray, including <ul style="list-style-type: none"> – vaginal speculum – sponge forceps – tenaculum – uterine sound – scissors – long handled – device removed from external box but within its sterile packaging easily to hand (as this package is not sterile it should not be placed on the sterile field until uterus has been sounded). 	
<p>Take blood pressure before and after procedure and apply a pulse oximeter for the duration of the procedure.</p>	
	<p>Empty bladder.</p>
	<p>Lie on bed.</p>

Practitioner	Patient
<p>Check lighting and instruments.</p> <p>Ensure a good view of cervix by adjusting pillows under patient's buttocks.</p> <p>Perform pelvic examination (PV) to check uterine position.</p>	
<p>Consider options to provide additional analgesia during insertion. Refer to Appendix for evidence-based analgesia options and usage details.</p> <p>Use sterile technique.</p> <p>Review insertion technique in package insert.</p> <p>Consider need to wipe excessive discharge or blood from the surface of the cervix with gauze/cotton wool.</p> <p>Stabilise cervix with tenaculum:</p> <ul style="list-style-type: none"> • tenaculum helps to stabilise the uterus while inserting uterine sound and IUD • mild traction to the tenaculum may also be used to reorient an anteфлекed or retroфлекed uterus. 	
<p>Reassure patient and ensure they are as comfortable as possible before proceeding further.</p>	
<p>Sound uterine cavity:</p> <ul style="list-style-type: none"> • insert and remove uterine sound • confirm depth of uterus adequate for device <ul style="list-style-type: none"> – 6 cm for Kyleena/Mirena, Mona Lisa CU375 SL, CHOICE 380 Silver / Copper, Short – 7 cm for Mona Lisa CuT 380A, CHOICE 380 Silver / Copper, • check measurement as soon as removed. 	
<p>Once IUS or copper IUD has been opened, adjust measurement ring to correct length as sounded and load device.</p> <p>Place device according to manufacturer instructions.</p> <p>Trim strings to 4 cm length – this ensures adequate string length once device has settled into position.</p> <ul style="list-style-type: none"> • Remove tenaculum. • Remove speculum. 	
<p>Make detailed notes of the above, including:</p> <ul style="list-style-type: none"> • sound depth • device batch number and insert-by date • length to which strings were cut • patient experience of procedure. <p>Save this protocol to a shortcut on your software.</p>	
<p>Provide sanitary pad to patient.</p> <p>Take blood pressure again in case of cervical shock and hypotension.</p>	

Practitioner	Patient
Provide patient with post-insertion instructions and discuss these, reviewing anticipated bleeding pattern and give consumer medicines information (CMI) booklet to patient. Record remove-by date and place a recall into your computer notes. Make appointment for four to six weeks' time to have device checked.	Rest until comfortable.
Complete practitioner post-insertion checklist and confirmation.	Discuss post-insertion instructions. Receive CMI booklet. Make appointment for four to six weeks' time to have device checked.
	Complete patient post-insertion checklist and confirmation.

Appendix: Evidence-based analgesia options available for IUD/IUS insertion

Local anaesthetic cream, consisting of 2.5% lidocaine and 2.5% prilocaine:

- apply 5 g on the cervix and cervical opening
- allow seven minutes before intrauterine device (IUD) insertion.¹

If using local anaesthetic for paracervical block:

- use a dental syringe with a fine (27-gauge) needle
- administer a small volume of local anaesthetic (with or without a vasoconstrictor), one or two 2.2 mL vials of
 - 1% lidocaine
 - 2–3% mepivacaine, or
 - 4% prilocaine
- inject a small amount into the anterior cervical lip to help reduce some of the discomfort caused by the tenaculum
- inject the remainder into the cervicovaginal junction, either laterally or at the 4 and 8 o'clock positions.²

Local anaesthetic for intracervical block:

- use a dental syringe with a fine (27-gauge) needle
- administer a small volume of local anaesthetic (with or without a vasoconstrictor) usually only one 2.2 mL vial of
 - 1% lidocaine
 - 2–3% mepivacaine, or
 - 4% prilocaine
- inject at the anterior lip of cervix only or circumferential injection at up to four positions around the ostium of uterus (external os).²

Lidocaine spray:³

- use 10% lidocaine spray
- three puffs to the cervical surface and one puff towards the cervical os
- three minutes before tenaculum placement.

Pentrox inhaler ('green whistle'):⁴

- use with activated charcoal filter attachment
- load device in accordance with manufacturer's instructions
- advise patient on correct usage
- ensure adequate ventilation in the clinic room
- cease use once device has been inserted
- dispose of device correctly in zip-lock bag provided.

GP Support Networks

- GPs can request to join the Sexual and Reproductive Health Medicine Special Interest group by emailing gpsi@racgp.org.au
- GPs can join the Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) Network, a free, national online community of practice funded by the Australian Government Department of Health, Disability and Ageing. Supported by the RACGP and other key stakeholders, Join at <https://medcast.com.au/communities/auscapps>

References

1. Tavakolian S, Doulabi MA, Baghban AA, Mortazavi A, Ghorbani M. Lidocaine-prilocaine cream as analgesia for IUD insertion: A prospective, randomized, controlled, triple blinded study. Glob J Health Sci 2015;7(4):399–404. doi: 10.5539/gjhs.v7n4p399.
2. Bahamondes L, Mansour D, Fiala C, Kaunitz AM, Gemzell-Danielsson K. Practical advice for avoidance of pain associated with insertion of intrauterine contraceptives. J Fam Plann Reprod Health Care 2014;40(1):54–60. doi: 10.1136/jfprhc-2013-100636.
3. Panichyawat N, Mongkornthong T, Wongwananuruk T, Sirimai K. 10% lidocaine spray for pain control during intrauterine device insertion: A randomised, double-blind, placebo-controlled trial. BMJ Sex Reprod Health 2020. doi: 10.1136/bmjshr-2020-200670.
4. Jephcott C, Grummet J, Nguyen N, Spruyt O. A review of the safety and efficacy of inhaled methoxyflurane as an analgesic for outpatient procedures. Br J Anaesth 2018;120(5):1040–48. doi: 10.1016/j.bja.2018.01.011.

Full product information

Product name	Company	Australian Register of Therapeutic Goods identifier (ARTG ID)
Kyleena levonorgestrel intrauterine delivery system Consumer medical information Prescribing information	Bayer	270517
Mirena intrauterine drug delivery system (product information) Consumer medical information Prescribing information	Bayer	73027
Mona Lisa intrauterine device CuT380A QL	Basin Medical	300910
Mona Lisa intrauterine device Cu375 SL	Basin Medical	300911
Choice 380 Silver / Copper, 7 MED - Intrauterine device, Standard	Contiform	370316
Choice 380 Silver / Copper, 7 MED - Intrauterine device, Short	Contiform	370316