

Intrauterine Contraceptive Device (IUCD)

Introduction

Intrauterine Contraceptive Device (IUCD) is a small plastic device that is placed into the uterus to prevent pregnancy. It can stimulate a strong reaction in the wall of the uterus, which prevents implantation of the fertilized egg. IUCD is an effective long-term contraceptive method. It does not interfere with love-making and returns fertility immediately after removal.

There are commonly 2 types in use:

1. Copper IUCD

Copper IUCD contains copper, which is slowly released into the uterine cavity. The copper prevents the sperm from making it through the uterus into the tubes and prevents fertilization. It can be kept in for 3 – 5 years.

2. Hormonal IUCD

Hormonal IUCD releases the hormone progesterone, which can change the lining of the uterus to prevent the implantation of a fertilized egg. It can be kept for 5 years.

Expected Outcomes

According to studies, the possibility of pregnancy in the first year is 0.6 – 0.8% during use of IUCD. How exactly an IUCD prevents pregnancy is still medically unknown, but it is thought to interfere with sperm and egg migration and implantation.

Timing of IUCD Insertion

This procedure must be performed by a trained doctor. Doctor will perform physical and pelvic checks prior to the procedure. If the woman is fit for the procedure, the doctor will insert the IUCD during the first 5 days of the woman's menstrual cycle or 6 – 8 weeks during the post-natal check-up.

Procedure

1. Swabs the cervix with antiseptic by the Doctor
2. The IUCD is placed inside through the cervix to the uterus by insertion rod
3. Withdraw the insertion rod and cut the string from the cervix

* Woman may have slight abdominal cramps during procedure.

Possible Risks and Complications

1. Complications of IUCD

- i) Displacement, expulsion, breakage or division of IUCD
- ii) Partial or complete into the wall of the uterus
- iii) Pelvic infection
- iv) Partial or complete uterine perforation and cervical laceration

2. Complications after insertion of IUCD

- i) Vaginal bleeding (several days after insertion)
- ii) Menstrual disorder
- iii) Hypomenorrhea or menorrhagia
- iv) Persistent menstrual cramps
- v) Fever
- vi) Abnormal vaginal discharge with a fishy odor
- vii) Feeling strings during intercourse
- viii) IUCD embedded in the uterine wall (rarely)

Remark: Before your decision, please discuss with your partner and have deep consideration for the needs of IUCD insertions. Then, seek your doctor for detailed information on IUCD.

** It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing to the procedure, a woman must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. It may require another operation to deal with the complications.

Preparation of IUCD Insertion

1. The doctor will explain the reason, the procedure and the possible complications to the woman. The woman will need to sign the consent form.
2. Remove undergarments or panty hose, etc.
3. Empty bladder before insertion.

Advice Note

Woman should check the string by putting a finger into the vagina each period. If the string is missing, please contact the attending doctor or return to the hospital for a check-up immediately.

Reasons for IUCD Removal

1. Planning for pregnancy
2. IUCD expired
3. Discomfort, displacement or pelvic infection after insertion of IUCD

Limitations

1. Deformity of genital organ
2. Severe menstrual cramps
3. Heavy menstrual flow
4. Abnormal vaginal bleeding
5. Severe anemia
6. Rheumatic heart disease
7. Copper allergies
8. History of pelvic infection or gonorrhoea
9. Multiple sexual partners

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