

Levonorgestrel IUDs: Mirena, Kyleena and Skyla

Levonorgestrel (LNG) IUDs have a small, 'T'- shaped frame made of soft, flexible plastic that is placed in the uterus and continuously releases a very small amount of levonorgestrel, a type of synthetic progesterone. At University Health Services (UHS) we offer three equally effective LNG containing IUDs that vary in dose and duration of use. Levonorgestrel works by thickening the cervical mucus, inhibiting sperm survival and motility and suppressing the endometrium.

The three LNG-containing IUDs available at UHS are Mirena, Kyleena and Skyla. Initially Mirena releases 20 mcg/day of Levonorgestrel. Kyleena releases 17.5mcg/day and Skyla 14 mcg/day. For each of these IUDs, the dosage of LNG decreases over time. All make periods lighter for most people and in some cases make periods go away. The likelihood of no periods after one year is 20% for Mirena, 12% for Kyleena and 6%. Kyleena and Skyla are slightly smaller devices than Mirena but the vast majority of people have no problems with their IUD regardless of size.

Generally the less work you have to do to use a birth control method, the more effective the birth control method tends to be. National data also show that long-acting contraceptive methods such as IUDs have higher satisfaction rates than the pill. All of these IUDs are over 99% effective. The Mirena is effective for 8 years, Kyleena for 5 years and Skyla for 3 years.

Advantages of LNG containing IUDs:

- Highly effective contraceptive beginning 1 week after insertion
- Long-lasting (3-8 years, but can be removed earlier if desired)
- Convenient
- Low risk of side effects
- Well-liked by users
- Cost-effective
- Reversible (immediate return to fertility after removal)
- Decrease of menstrual blood loss

You should not use LNG IUDs if you:

- might be pregnant
- currently have pelvic inflammatory disease (PID); have had PID in the past 3 months; have a history of recurrent pelvic infections
- have a history of a uterine infection after a pregnancy or abortion in the past 3 months
- have an infection in your cervix (cervicitis)
- have cancer of the uterus, cervix, or breast
- have unexplained vaginal or uterine bleeding
- are allergic to anything in LNG IUD
- have an irregular shaped uterine cavity

If you have a history of a previous IUD expulsion, you are at much higher risk of having a future expulsion (up to 30% more likely).

What is the process for obtaining an IUD?

First, you will complete the online patient IUD questionnaire through the eTang portal. The Tang Center staff will review your questionnaire and if eligible, will contact you with information on how to schedule an appointment for placement. If you are not a candidate or if there are other questions, they will follow-up with you. When practical, consider scheduling a placement during your period. It might be slightly less uncomfortable to place the IUD during this time although IUDs can be placed at any time during your cycle as long as you have had no unprotected sex since your period.

How is the IUD placed in the uterus?

Your healthcare provider will check the position of your uterus and then pass an instrument (“sound”) through the cervix to determine the length of your uterus, after which the IUD will be placed. This visit will take an average of 30 minutes but the placement itself most often takes about 3 minutes. Many people notice cramping (similar to severe menstrual cramps) when the sound instrument is passed through the cervix. The intensity of the cramps varies according to each person’s pain tolerance and cervix sensitivity. Some people notice transient symptoms such as: feeling faint, nauseated, or dizzy.

How do I know if my IUD is in place?

It is safe to check your strings if desired or if you notice any problems. If you prefer you can have a follow up visit with a provider to check the strings. If unable to locate your strings, use condoms and schedule a visit with your healthcare provider. **We recommend that you do not use a menstrual cup with any IUD as there is a risk of accidentally removing the IUD.**

What side effects can I expect with the LNG IUD?

- Irregular bleeding or spotting for the first 3-6 months; some people have heavier periods during this time. After this adjustment period, the number of bleeding days is likely to decrease and your periods may stop altogether.
- Ovarian cysts. These cysts usually disappear within a month or two, though occasionally they can cause pain and in rare cases may require surgery.
- Less commonly, mood swings, headaches, acne and weight gain. Rarely do people have their hormonal IUD removed because of these concerns.

Some serious risk considerations with LNG IUDs:

- Pelvic inflammatory disease (PID). The IUD itself does not increase the risk of PID, however PID may occur if infection is present during insertion or you are participating in sexual activity which increases your risk of a sexually transmitted infection (STI) exposure.
- Difficult removals: rarely the IUD may be hard to remove because it is lodged in the uterine wall. Surgery may be needed to remove the IUD.
- Perforation: Perforation (IUD goes through the wall of the uterus) may rarely occur during IUD placement. If perforation occurs, the uterine wall often heals without surgery or complications.

- Expulsion: LNG IUD may partially or completely fall out of the uterus. The expulsion rate for hormonal IUDs is 3-6%.
- Pregnancy: Rarely, pregnancy occurs with the IUD in place. If you are pregnant with an IUD in place it is more likely to be an ectopic/tubal pregnancy. Early evaluation by your healthcare provider is necessary.

When should I call my healthcare provider?

- if you think you are pregnant
- have pelvic pain or pain during sex
- have unusual vaginal discharge
- have unexplained fever
- might be exposed to sexually transmitted infection (STI)
- have severe or prolonged vaginal bleeding
- have yellowing of the skin or whites of the eyes as these may be signs of liver problems
- cannot feel IUD's threads or can feel the threads are much longer than usual
- can feel any other part of the IUD besides the threads (e.g. feel plastic at cervix)

The IUD does not protect against sexually transmitted diseases

The IUD is very effective in preventing pregnancy but it does not protect you from STIs. Using condoms will reduce your risk of STIs such as herpes, chlamydia, gonorrhea, HIV, etc.

If you have an urgent need, go to the Urgent Care Clinic during clinic hours; after hours, if you have SHIP insurance, go to Alta Bates Medical Center, Emergency Room (for directions : http://www.altabatessummit.org/visiting/altabates_directions.html). Call your medical provider if you do not have SHIP.

Check our **Website**: uhs.berkeley.edu to learn more about this and other medical concerns.
For **Appointments**: etang.berkeley.edu or call 510-642-2000 For **Advice**: call 510-643-7197