



The Mirena IUS

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The Mirena is one type of small, plastic, T shaped device that sits inside the uterus and releases a hormone called Levonorgestrel. More recently, two other devices, Levosert and Benilexa, have also become available and as they release the same amount of Levonorgestrel, they can usually be used in the same way.

There are three official indications for the Mirena, and some women will benefit from all of them. The first is as an effective, reversible **contraceptive**, which lasts for up to six years or even longer (up until the age of 55 when contraception is no longer needed) if fitted when a woman is over the age of 45. The hormone works locally to thicken cervical mucus, inhibiting sperm movement, and thinning the uterine lining (endometrium), reducing the likelihood of implantation. It is over 99% effective at preventing pregnancy.

Because of its effect on the endometrium, suppressing the build up each month, it is also a very effective treatment for **heavy or painful periods** and conditions such as endometriosis or adenomyosis. Bleeding can be irregular to start with but usually there is a significant reduction in blood loss within the first few months and often periods cease altogether.

The third use is as the progestogen component of **HRT**. It is not safe to give oestrogen alone to women who still have a uterus, as this can cause bleeding and increase the risk of developing endometrial cancer. Using adequate doses of progesterone, or progestogens such as Levonorgestrel, will eliminate this risk. The advantages of using the Mirena are that the hormone is delivered locally into the pelvis, so systemic absorption into the bloodstream is minimal and side effects are less common. Bleeding control is usually better as well, and it is a very convenient way to ensure that the uterus is well protected without having to take any separate progesterone tablets.

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The device is usually fitted in the clinic setting, without the need for any anaesthesia or pain relief other than some paracetamol or ibuprofen tablets an hour or so before the procedure. It should be inserted by a suitably qualified healthcare professional once any possible risk of pregnancy has been excluded. It is usually necessary to have an appointment or phone conversation prior to fitting in order to ensure the correct timing of insertion and to address any questions or concerns.

As well as some irregular bleeding, it is not uncommon to experience some crampy pains directly after the fitting, but this usually settles quickly. Hormonal side effects are less common, and usually transient, but can include breast tenderness and some acne.

There will be a short thread that can be felt at the opening of the cervix, so that the device can be easily removed when the time comes, but this should not be noticeable or interfere with sex. Checking of the thread is advised within the first few weeks of fitting to ensure that the device has not been expelled or moved. Serious complications are rare but can include perforation of the uterus either during insertion (most common) or later. Perforation is much more common in women who have recently given birth or are breast feeding, and overall the rate is quoted as 1-2 per 1000 insertions. There is a small increased risk of breast cancer associated with all progestogen containing contraceptive devices.

For most women the Mirena will provide a convenient, safe and effective way to avoid unwanted pregnancy (when still fertile), reduce or stop any bleeding, and allow oestrogen to be given for control of perimenopausal and menopausal symptoms without the need for using any other systemic progestogen hormone.

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