

# Having a Levonorgestrel intrauterine device (LNG-IUD) fitted

Department of Gynaecology

Information for Patients

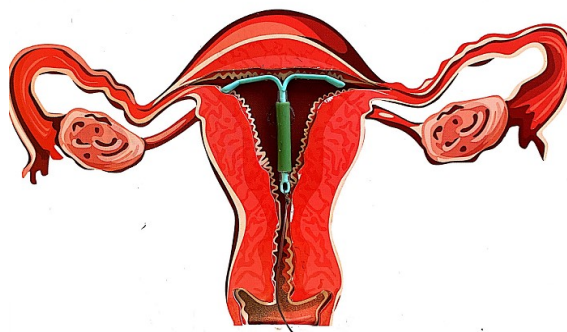
Last reviewed: September 2024

Next review: September 2027

Leaflet number: 1125 Version: 2

## What is an Levonorgestrel intrauterine device (LNG-IUD)?

An intrauterine device (IUD) is a small, T-shaped plastic device. It is put inside the womb to prevent pregnancy. We insert it through your vagina and cervix (neck of the womb). It is small (about 3cm) and made of soft plastic. It has soft threads that will hang out of the cervix by 2cm for removal later when it is time. You and your partner will not feel it.



There are 2 types of IUD available

1. a copper coil—only prevents pregnancy and often makes periods heavier
2. a ‘hormone’ coil—prevents pregnancy and has other benefits

### Hormone coil (LNG-IUD)

The ‘hormone coil’ releases a man-made version of the progesterone hormone called Levonorgestrel (LNG). The coil is called a Levonorgestrel-releasing intrauterine device (LNG-IUD). There are 5 brands of these hormone coils. Each releases different amounts the LNG hormone on average, every day.

- ‘Standard-dose’ (Mirena, Levosert, Benilexa 52mg)
- ‘Low-dose’ (Kyleena 19.5mg)
- ‘Ultra-low dose’ (Jaydess 13.5mg)

They can be used for different reasons and they last for different lengths of time. In general, the standard-dose LNG-IUD are used for more reasons. They have more benefits other than just preventing pregnancy but all of them are very effective at preventing pregnancy.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester’s Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

This leaflet will explain more about all of the uses of LNG-IUD, how it is fitted and possible side effects.

## What can the LNG-IUD be used for?

- **Long acting reversible contraception:**

LNG-IUD works well at stopping you getting pregnant.. Only 1 to 3 in 1000 women fitted with the LNG-IUD will become pregnant within a year of using it. This is as good as sterilisation but is reversible. Fertility returns within weeks of removing the LNG-IUD. It works mainly by stopping the growth of the lining of the womb every month. It also makes the mucus in the neck of the womb (cervix) thicker. This stops sperm getting thorough to the womb.

In about 4 out of 10 of women it also stops the eggs from being released from the ovaries.

Depending on which type of LNG-IUD you have and your age when it is inserted, it lasts for 3 to 8 years (see table p6).

- **Heavy menstrual bleeding (HMB) or heavy periods:**

The 'standard-dose' LNG-IUDs (Mirena, Levosert, Benilexa) help to reduce heavy and painful periods. The National Institute of Clinical Excellence (NICE) recommends it as the first choice for women who have heavy periods.

In women with HMB, LNG-IUD acts by reducing the growth of the lining of womb.

By 3 months you can expect flow is less by over a half. By the end of 6 months it may be only very light. Many women stop bleeding altogether. This is safe as there is nothing "building up". If you have less bleeding, you will be less likely to be anaemic.

LNG-IUD can be used for 5 years but can be kept in for up to 8 years if bleeding problems have not returned.

It is not known whether the lower-dose LNG-IUDs are effective for treatment of HMB, but they may help a bit.

- **Protection of the womb lining during hormone replacement therapy (HRT):**

Most women going through the menopause have symptoms such as hot flushes and night sweats, low mood, anxiety, brain fog, poor sleep, low sex-drive. These can be distressing and affect quality of life. These symptoms are due to the ovaries making less sex hormone, estrogen.

Estrogen treatment (HRT or Hormone Replacement Therapy) can help ease menopausal symptoms for over 8 out of 10 women. It also protects the bones, heart and brain.

Taking estrogen on its own increases the risk of the lining of the womb overgrowing. This may in time lead to pre-cancer or cancer in the womb lining. To stop this from happening, women who still have their womb must take a form of progesterone to balance out the effects of estrogen on the womb lining. This can be as a tablet, combined in a patch or the LNG-IUD. This will stop womb lining overgrowth from happening in almost all cases.

The standard-dose LNG-IUD is used alongside estrogen HRT to protect the lining of the womb. It does so better than where women have progesterone as a tablet or as patches of combined HRT.

The standard-dose LNG-IUD can be used to protect the lining of the womb for 5 years when used alongside HRT containing estrogen. The license on the product says for 4 years but we now know it can be used safely for 5 years. There is enough progesterone in the standard-dose LNG-IUD that you do not need to use other birth control methods even if you are using as part of HRT.

The Levosert and Benilexa devices are not currently licensed for endometrial protection, but as they have the same dose of LNG, they can also be used for this purpose. This is in the national guideline from the Faculty of Sexual and Reproductive Health.

## Other unofficial uses of the LNG-IUD

- **Treatment of endometrial hyperplasia:**

The 'standard-dose' LNG-IUD treats pre-cancerous changes to the lining of the womb (called hyperplasia). This reduces the risk that these cells turn into cancer. It is more effective than progesterone tablets. After the insertion, we will need to do further biopsies of the lining of the womb 6 months apart. This is to make sure that the cell changes have gone back to normal. It is recommended that the LNG-IUD then stays in place for 5 years. The low dose preparations of the LNG-IUD are not suitable for this purpose.

- **Treatment of endometriosis, adenomyosis, premenstrual syndrome (PMS) and chronic pelvic pain:**

The LNG-IUD does not have a license for these uses but it can help control the symptoms of endometriosis, adenomyosis and chronic pelvic pain. This means further surgery might not be needed.

It can also be useful to control PMS in some women when used alongside HRT.

It is not suitable however if you wish to try for a baby as it prevents pregnancy.

The 'standard-dose' LNG-IUDs are likely better for these conditions, as it is not currently known whether 'low-dose' LNG-IUDs have any effect on these symptoms, but they may have some benefit.

## Is it suitable for all women?

Some women might not be suitable to have a LNG-IUD, such as women who have had blood cancer or breast cancer in the past, recurrent pelvic inflammatory disorders, and specific hormonally sensitive conditions, such as active liver disease.

## When should a LNG-IUD be inserted?

It should be inserted either during your period or within 7 days of starting your period or at any time

when there is no risk that you could get pregnant. If you already have a LNG-IUD fitted it can be replaced with a new one straight away and it will still be effective.

After the menopause, the LNG-IUD can be fitted at any time.

## What tests are needed before a LNG-IUD can be fitted?

**Swab test for sexually transmitted infections** - we need to rule out sexually transmitted infections before we insert an LNG\_IUD, especially if you are not in a stable relationship. Leaflet number 1013 tells you how to take the swab yourself. You can see it here: <https://yourhealth.leicestershospitals.nhs.uk/library/women-s-children-s/gynaecology/1241-taking-a-swab-at-home-from-your-vagina-to-check-for-infections>

**Ultrasound scan, hysteroscopy and biopsy** - if you have

- very heavy, frequent or prolonged periods, bleeding in between periods or after sex
- a condition such as fibroids or polyps based on your symptoms or examination

then you may need to have an ultrasound scan, or a diagnostic camera examination (hysteroscopy) and tissue sample test (biopsy) before we insert the LNG-IUD. Polyps and fibroids in the space inside the womb (cavity) need to be removed before an LNG-IUD can be fitted.

## What happens when a LNG-IUD is fitted?

- Take painkillers (such as paracetamol/ ibuprofen/ codeine) 1 hour before the LNG-IUD is fitted unless you will be having it fitted under general anaesthetic as part of another procedure. This will help with the mild period-type cramps that women often feel during the procedure.
- We will ask you to undress from the waist down, lie on the couch with your legs apart for a speculum examination.
- We may need to use an anaesthetic gel or injections in the neck of the womb (cervix) to gently stretch the cervix with a dilator.
- We insert the LNG-IUD applicator into the cervix and the coil released into the womb. This takes only a few minutes.
- Sometimes women feel a little dizzy after the insertion. This normally settles after a few minutes.
- You may also have some mild discomfort, similar to period pain, during the insertion. This can last for a few hours or up to a few days. It is a good idea to take simple painkillers for a few days if you have cramps.

## What are the risks of the LNG-IUD?

- **Perforation** (1 in 1000) the wall of the uterus is accidentally punctured with one of the instruments. If we think this has happened we will stop the procedure. You will be started on antibiotics to prevent infection. We can try again after 6 weeks.

- **Pain** - if you have a lot of pain then the procedure will be stopped.
- **Infection** (less than 1 in 100) - if you start to get a smelly discharge, fever or worsening lower tummy (abdominal) pain you need to be checked for infection and started on antibiotics. If things do not settle then we might think about removing the LNG-IUD.
- **Bleeding** - you might find you have changes in how frequent or long your periods are. Periods are usually lighter, but can be longer. You might have periods more often or irregular spotting in between your periods during the first few months of insertion. This should slowly settle. After 6 months many women do not have any periods.
- **Failure** - missing a period may not mean that you are pregnant as many women may not have periods at all while using LNG-IUD. However, you should think about doing a pregnancy test if you have not had a period for 6 weeks. If this test is negative there is no need to do another test, unless you have other signs of pregnancy, such as sickness, tiredness or tenderness in your breasts.
- **Expulsion** (3 to 6 in 100) - the womb pushes the LNG-IUD out. This is unusual but more likely in the first few weeks or if you have very heavy bleeding in the first few months after fitting. If you think the LNG-IUD has come out, do not rely on it for birth control. Use condoms and contact your GP to have the threads checked.
- **Migration** - the LNG-IUD works its way into or through the wall of the womb (usually after a partial perforation when it is fitted). If this happens you might need an operation called a laparoscopy to remove the IUD.

## What are the side effects of a LND-IUD?

- 1 in 10 women may notice some weight gain, headache, acne, depression, migraine, nausea, tender painful breasts. These side effects often settle within the first 6 months.
- 1 in 100 women may get itchy skin, swollen tummy or legs, thinner hair and dark skin patches
- 1 in 1000 women may get a rash.

## Follow-up appointment

- Your GP or practice nurse may ask you to come for an IUD check once a year.
- You should check you can feel the threads of your LNG-IUD coming through your cervix about once a month. If you are unsure, use condoms and see your GP to have the LNG-IUD checked. If you are pregnant the LNG-IUD should be removed if possible to reduce the risk of miscarriage.
- **You will need to keep a note of when you had your LNG-IUD fitted as you will not be reminded of when it is due to be replaced. You will be given a card telling you the latest date it must be replaced.**



Summary of LNG-IUD	Type of LNG-IUD				
	'standard dose'			'low dose'	
	Mirena	Levosert	Benilexa	Kyleena	Jaydess
Amount of LNG in IUD (mg)	52	52	52	19.5	13.5
Failure rate (in 1000 women per year)	1-2	1-2	1-2	3	3
<b>Recommended duration of use:</b>					
For HMB, endometriosis, adenomyosis, chronic pelvic pain	5-8 years	5-6 years	Not licenced	Not licenced	Not licenced
for contraception <b>under the age of 45y</b> at time of insertion	8 years	6 years	6 years	5 years	3 years
for contraception <b>age 45y</b> or over at time of insertion	Until age 55y	Until age 55y	Until age 55y	5 years	3 years
for endometrial protection as part of HRT including as treatment of PMS	5 years*	5 years**	5 years**	Not suitable	Not suitable

\*The license on the product says for 4 years but we now know it can be used safely for 5 years.

\*\* Levosert and Benilexa devices are not currently licensed for endometrial protection, but as they have the same dose of LNG, they can also be used for this purpose. This is in the national guideline from the Faculty of Sexual and Reproductive Health

## Contact details:

Gynaecology pre-assessment: 0116 258 4839

If you have any questions please discuss these with the doctor or nurse who will be doing the procedure.

If you have any questions once you have been discharged please speak to your GP.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
 على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)