

Coil Fitting at Sheen Lane

Patient Information

At Sheen Surgery we have experienced clinicians who regularly fit coils. Both copper and hormonal coils provide more effective contraceptive cover than other types of contraception like pills or condoms.

Benefits include:

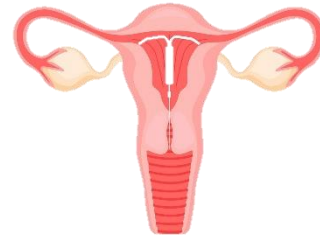
- ✓ They provide great cover (>99% effective) for at least 5 years
- ✓ You do not need to remember to take pills or get repeat prescriptions
- ✓ They do not interrupt sex
- ✓ They are easily removed and reversible if you decide you would like to get pregnant

Hormonal Coil (Mirena/Kyleena)

- Works by thickening mucous in the cervix and preventing implantation of an egg
- Most women will have no bleeding or only very light bleeding by 6 months. Bleeding may be irregular initially and settle later
- You may have some hormonal side effects such as mood swings, breast pain, acne or headaches. However this is less likely than other forms of hormonal contraception as less is generally absorbed into your bloodstream
- Lasts 5 to 8 years depending on reason for use
- Can also be used as the progesterone component of HRT
- There is a lower dose option available called Kyleena. This may cause less side effects but is also less likely to reduce/stop periods

Copper coil (no hormones)

- Works because the copper is toxic to sperm and eggs, and also prevents implantation
- You continue to have your regular periods, however these may be heavier, longer or more painful
- There are no hormonal side effects
- Lasts for 5 years
- If necessary, copper coils can also be quickly started as emergency contraception



The Procedure - lasts around 10 minutes, and is similar to getting a smear test done. It can be uncomfortable or sometimes painful, therefore we recommend taking some paracetamol and/or ibuprofen about 1 hour beforehand. As with all procedures, there are some risks we have to let you know about.

More common, but less serious;

- Infection (1 in 20). Most likely in the first 20 days. Easily treated with antibiotics.
- Expulsion (1 in 20). The body pushes the coil out, most likely in the first 3 months. Coil is easily removed and replaced if need be.
- Pain in following hours/days. Use pain relief and seek review if persistent/severe. Most often will settle without further issues.
- Fainting during procedure. Very rare. You would be monitored by the clinician and symptoms will pass quickly.

Rare, but more serious;

- Perforation (2 in 1000 – higher risk if soon after childbirth). The coil damages or goes through the womb lining. In practice this seems to happen much less frequently, especially with an experienced fitter. The womb will heal or rarely keyhole surgery is needed.
- Ectopic pregnancy (very rare, risk much lower than the general population). Pregnancy in an abnormal location (e.g fallopian tubes). If you do get pregnant whilst you have a coil, there is a 50% of it being ectopic. You would need an ultrasound scan, and treatment to end the pregnancy.

We must ensure there is no risk of pregnancy prior to inserting the coil. If you do not already take hormonal contraception, we will ask you to either have abstained from sex since your last period, or take “bridging” contraception prior to insertion, such as the pill. If you are already using hormonal contraception then you must ensure you are using it reliably. **Condoms are not considered as reliable contraception.**

You will usually need to take extra precautions for the first 7 days after coil insertion to give it time to start working.

We routinely screen for sexually transmitted infections on the day of insertion as they can cause infection in the womb if present, and we would need to use antibiotics to treat them.

It is important to remember that coils will not protect you from sexually transmitted infections so you should still consider using condoms, especially with new partners.

Note that some of the above information may not apply based on factors such as your age, past medical history, and whether you are already using contraception. If there are any differences to be highlighted, the clinician will discuss these with you.

Further resources for more information about coils;

<https://www.contraceptionchoices.org/>

<https://www.nhs.uk/conditions/contraception/ius-intrauterine-system/>

<https://www.nhs.uk/conditions/contraception/iud-coil/>