

# **Mirena**

(Levonogestrel-releasing Intrauterine System)

**A treatment option for menstrual problems**

**Women's Health Unit**

**Royal Victoria Infirmary  
Newcastle upon Tyne**

### What is covered by this leaflet?

A Mirena is one of the treatment options available for women with menstrual problems. It is also a reliable contraceptive. A menstrual problem is when a woman's monthly bleeding or in other words, her "period", is a problem, perhaps because it is too heavy, too painful or causing anaemia. Menstrual problems are common; most settle over time or can be treated with simple medication.

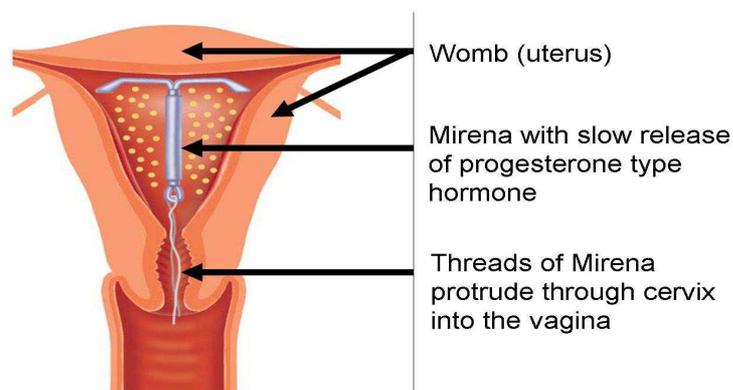
Women with persistent problems may consider a Mirena system. This leaflet aims to describe what a Mirena is, how it is fitted and what to expect afterwards. If you have any further questions, your GP may be able to answer them or, alternatively you may contact the hospital team that offered you this option. You will also be able to discuss your treatment at the time of your appointment for a Mirena placement.



A Mirena is small as shown in the picture above

### What is a Mirena?

A Mirena is a small T-shaped piece of smooth plastic, which is placed into the womb. It carries a progesterone type of hormone in a sheath around the stem, which is gradually released. The hormone works directly on the womb lining causing it to be thinned out, usually reducing bleeding or even stopping periods altogether. Very little hormone is absorbed into your body. At the base of the T shaped frame a thread is attached for removal of the Mirena from the womb.



### **Is the Mirena system suitable for you?**

Before fitting a Mirena, any unusual bleeding, such as after sex or between periods, may need to be investigated. A small number of women have polyps or fibroids, which may require treatment or removal prior to fitting a Mirena.

Women who are 40 years or older often benefit from a pelvic ultrasound scan prior to a Mirena fitting to exclude fibroids or polyps. It is also a very reliable contraceptive if required and may be a good alternative to sterilisation.

Studies carried out locally have shown that approximately half of women who suffer with heavy bleeding also have painful periods. This may be due to a simple uterine (womb) cramping when bleeding occurs or conditions such as adenomyosis or endometriosis, which are known to cause painful periods. A Mirena may reduce period pains and it is often suggested as a first option if period pain is a problem.

### **How effective is the Mirena system?**

A Mirena is a very effective treatment for heavy periods; it reduces monthly blood loss in nine out of ten women. Periods may stop altogether in two out of ten users. The improvement is gradual over six months. Health specialists believe that the Mirena system is an important alternative to hysterectomy and other surgical treatments.

### **Fitting, removal and how long a Mirena works for?**

It is essential that a Mirena is fitted when you are not pregnant. Most women have a fitting during or just after a period (unless there is a secure form of contraception such as sterilisation or vasectomy). You should discuss timing of a Mirena fitting when you book your appointment for the procedure.

To fit a Mirena a vaginal examination similar to having a cervical smear taken, is carried out to view the cervix. For some women it is easy to simply push the Mirena device through the cervical opening into the womb cavity. If the cervical opening is narrow or scarred it may be necessary to use a local anaesthetic injection, grasp the cervix with forceps or use a sounding device to locate the cervical canal. Most women find the procedure perfectly tolerable but if it is too uncomfortable you can ask that the procedure is discontinued at any time, if necessary it can be fitted with sedation or an anaesthetic.

A Mirena is a long-term contraceptive and can stay in place for at least five years before it requires changing. The effect of a Mirena on heavy periods, however, can begin to decline after 3 or 4 years and a Mirena may need to be changed if the beneficial effect on periods is lost.

A Mirena can easily be removed. If used for contraception as well as to control a menstrual problem, then it should not be removed between periods. Removal involves a simple vaginal examination by a doctor or nurse, the threads of the Mirena system are located and it is removed easily and usually with minor discomfort.

### **Are there any side effects?**

The main side effect is menstrual spotting which can occur for the first three to six months after the system is fitted, sometimes this doesn't settle and the Mirena can be

removed. Other side effects are uncommon. The amount of hormone released each day is very small and little is absorbed into the body. Symptoms associated with other hormonal therapies can occur with a Mirena but are much less likely, these are breast tenderness, headaches, acne, abdominal bloating or water retention and mood changes. If side effects occur, they are usually short lived.

### **Are there any complications to having a Mirena fitted?**

There is a small risk of pelvic infection in the first 1-2 weeks after fitting a mirena. The long term risk of pelvic infection is much lower with a Mirena than other uterine contraceptive devices.

Damage or perforation of the womb during a fitting is rare (less than 1 in 100). The risk of ectopic pregnancy (pregnancy outside the womb) is also very low, however, if a pregnancy did occur women are advised to contact their GP to arrange an early scan.

A Mirena can be expelled or become dislodged (approximately in 1 to 5 women 100). This is usually just after it is fitted and occurs more commonly in women with fibroids.

If a Mirena is being used as contraceptive the threads can be checked by a doctor or nurse after your first period and it is advisable to intermittently check that the Mirena is in place. You can do this yourself by feeling for the two fine threads that are attached to the system and run through the cervix to the top of the vagina. If you cannot feel the threads you should use another method of contraception until you can see a doctor or nurse who can examine you .

### **Any questions?**

If you wish to discuss the contents of this leaflet or wish to arrange a Mirena fitting, please contact your GP or speak to your hospital specialist. If you have any concerns after a Mirena fitting you can contact the gynaecology ward or clinic staff in the Women's Health Unit directly for advice. Alternatively you can contact your GP and in emergency attend an accident and emergency unit who will contact the gynaecology team if required.

### **Hospital contacts**

Ward 40 Gynaecology (0191) 282 5640

Women's Health Unit (weekdays only) (0191) 282 0140

(please note: If nurses are busy with ward or clinic duties it will usually be possible for a nurse to call back later in the day.

Further information on the management of menstrual problems can be obtained from the website for the National Institute for Health and Clinical Excellence. Patient Guidelines on "Heavy Menstrual Bleeding"

<http://guidance.nice.org.uk/CG44/PublicInfo/pdf/English>

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May 2003. Reviewed; September 2004, November 2012  
Review Date: November 2015**