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Informationen über die Kupferspirale

Information about the Copper IUD

1. Insertion

The IUD (coil) is inserted during menstruation while the patient is seated in a gynaecological examination chair. Before insertion can take place it is necessary to undergo a gynaecological examination and consultation (pap smear taken at most six months ago, exclusion of existing pregnancy, exclusion of inflammation). Insertion of the IUD itself is almost pain-free during menstruation and after vaginal childbirth and can therefore be performed without an anaesthetic. There may be injury to the uterus during this process in very rare cases.

2. Safety

The copper IUD is the second most effective contraceptive after the birth control pill. Contraception starts immediately after the IUD has been inserted. If you wish to conceive then it is possible to become pregnant immediately after removing the IUD. If the copper IUD is tolerated well, then it can remain in the uterus for up to five years (without affecting contraception). If the IUD is removed, a new one can be inserted immediately afterwards.

3. Change in Bleeding Patterns

There is often mild pain in the lower abdomen before and during menstruation, especially during the first three months after inserting the IUD, but this usually improves. The patient may have to take painkillers in rare cases. Irregular spotting may also occur, particularly during the first months after inserting the IUD. Menstruation may be more intense or last longer.

4. Complications

- a) With usual current IUDs, pregnancy may occur in 1 to 2 per cent of cases per year, including possible ectopic pregnancies. In the event of conception occurring (absence of menstruation, breast tenderness, nausea), it may be

necessary to remove the IUD at the earliest opportunity because of the danger of infection. Removing the IUD involves a risk of causing a miscarriage. If the IUD cannot be removed, the pregnancy will need to be monitored particularly closely by a gynaecologist.

- b) If there is a suspicion of an ectopic pregnancy then it is necessary to go to hospital, and if an ectopic pregnancy is found, then surgery will be necessary. It is therefore essential to consult a gynaecologist if your period is late by more than 10 days or if you have spotting and pain in the lower abdomen.
- c) Because IUDs may give rise to salpingitis (lower abdominal infections), it is essential to consult a doctor in case of high temperature, pain in the lower abdomen, changed discharge or mid-cycle bleeding, since it may be necessary to remove the IUD and to start antibiotic treatment if necessary. Salpingitis and ectopic pregnancy in women who use an IUD are more frequent in women who have not yet given birth and women who have suffered from salpingitis before.
IUDs should therefore only be inserted in women who have already given birth or are older than 25 years and have neither had salpingitis nor an ectopic pregnancy before and who are in a stable partnership.

It is necessary to discuss any deviations from this rule with a gynaecologist in each individual case.

Behaviour after inserting the IUD

1. Avoid any physical effort on the day of the insertion.
2. Do not use tampons during the first menstruation, only sanitary napkins. Tampons may be used during your next period.
3. Do not have intercourse until your period has ended.
4. It is advisable to check the position of the IUD using ultrasound testing every two weeks after insertion, after the first period, every three months during the first year, and afterwards every six months.
5. The first examination in a gynaecological chair should be carried out after your next period, followed by examinations every six months.
6. Because there is a chance that your IUD could be expelled along with your period, please check yourself after every period. You can feel the IUD threads at the top of the vagina under the cervix.
7. If you experience any of the side effects outlined above, please see a doctor.