

Mirena Intrauterine System

What is it?

The Mirena intra-uterine system or coil has been used for several years in the U.K and the rest of Europe. It was designed as a method of contraception, but many women noticed that while using Mirena their periods became much lighter or stopped altogether. Some women are now using the Mirena specifically as treatment for heavy periods.

The Mirena is different from all other coils because it is coated with a hormone rather than copper. This hormone is one of the progestogen families of normal female hormones. This is the same type of hormone as is used in the contraceptive mini-pill or Depoprovera contraceptive injection.

With Mirena the hormone is released directly into the womb, so a much lower dose is needed than with tablets or injections. This means that the chance of progestogenic side effects is much less. Women who have had side effects with progestogen tablets may be fine with Mirena.

How does it work?

Mirena is only suitable for women with a relatively normal size and shape womb.

The Mirena is fitted in the clinic in the same way as any other coil, the best time is just towards the end of a period. It can be fitted for women who have never delivered a baby vaginally. Local anaesthetic is available if needed.

The Mirena does not work straight away. For the first 3 months most women will get irregular vaginal bleeding which may vary from spotting to as heavy as a period.

This can obviously be very inconvenient, but if at all possible it is best to persevere with the Mirena for 6 months.

By this stage 8 out of 10 women find that their periods are either much lighter or have stopped altogether. If the Mirena has not helped your periods by then you would be offered alternative treatment depending on your individual situation.

Many women find that period pain which happens during bleeding is improved by the Mirena.

The Mirena needs to be replaced every 5 years.

Contraception

Mirena is at least as good at stopping pregnancy as female sterilisation, but this Mirena effect is reversible; once the Mirena is removed fertility returns almost immediately. Mirena does not offer protection from sexually transmitted diseases.

Mirena and Other Medical Conditions

Antibiotics, epilepsy tablets or sickness and diarrhoea do not stop Mirena working.

There is no increased risk of thrombosis or high blood pressure so women with these problems or who smoke or get migraine can use Mirena.

Women taking hormone replacement treatment (H.R.T.) can still have the Mirena and will only need the oestrogen part of H.R.T. as tablet, patch or gel. This can be useful for women who had troublesome bleeding or premenstrual symptoms with their standard H.R.T.

Side effects

Approximately 17 in 100 women may notice headache, mood swings, oily skin, breast tenderness or nausea when Mirena is first fitted. This often improves within 3 months and only 2 in 100 women want to have the Mirena removed because of these side effects.

Less than 1 in 100 women put on weight with Mirena.

As with any intrauterine device there is a risk that the womb could expel the Mirena, this is most likely in the first month after fitting but it is possible for the woman to check for the soft threads coming out of the cervix (neck of the womb) every month to make sure it has not come out. Neither the woman nor her partner should be able to feel the coil or the threads during intercourse; if either partner is aware of them the doctor should be informed as it may mean that the Mirena has moved out of position.

Mirena users should contact their doctor promptly if they develop excessively heavy bleeding or lower abdominal pain with fever or an offensive vaginal discharge.

There is a lower risk of pregnancy, including ectopic (tubal) pregnancy, with Mirena than with the standard coil (I.U.C.D.) and there also seems to be a lower risk of pelvic infection.