

Department:	Obstetrics and Gynecology (Ambulatory Care)		
Document:	Departmental Policy and Procedure		
Title:	Intrauterine Device		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

- 1.1 Guide the physician for proper method of IUD insertion and removal.

2. DEFINITIONS:

- 2.1 **Intrauterine Device (IUD)-** a small plastic device usually T- shaped that is inserted into the uterine cavity.

3. POLICY:

- 3.1 The intrauterine device (IUD) is an effective contraceptive for many women. The copper- releasing IUD can be used for 10 years. The progestin- releasing IUD can be used for five years.
- 3.2 A detailed history must be completed and thorough physical examination must be done.
- 3.3 The Physician will counsel the patient regarding:
- 3.3.1 Insertion of IUD can take place at any time during the menstrual cycle or 6 – 8 weeks after delivery provided the woman is not pregnant.
 - 3.3.2 There should be no recent pelvic infection.
 - 3.3.3 There should be no anatomic uterine abnormalities.
 - 3.3.4 She should not have vulvar heart disease except mitral valve prolapsed is not contraindicated for IUD use.
 - 3.3.5 Patient with menorrhagia and leiomyoma may advise to insert hormonal IUCD use.
 - 3.3.6 After IUCD insertion she does not need regular follow up.
 - 3.3.7 Patient needs to check up for presence of IUCD after first cycle menses.
- 3.4 Type of IUCD and date of insertion should be documented in the patient electronic file.
- 3.5 IUCD insertion is performed by experience physician.
- 3.5.1 The patient will be seen by her physician after one month for follow up.

4. PROCEDURE:

- 4.1 Bimanual pelvic examination is performed to determine the size, shape and position of uterus.
- 4.2 Under an antiseptic technique the coscu's speculum is inserted for adequate visualization of cervix.
- 4.3 The cervix is cleaned with swab on holed socked with Chloehixidon (Savlon).
- 4.4 A tenaculum or long allis clamp placed on the anterior lip of the cervix.
- 4.5 Sounding the uterus is essential to determine the length of uterine cavity.
- 4.6 The moveable flange on the insertion tubes adjusted to the depth of the patient's uterus.
- 4.7 The tube is gently inserted to the depth of the flange.
- 4.8 The IUD thread is clipped to the length of 1 inch (2.5cm) so the patient can feel for the thread.
- 4.9 Post IUCD insertion patient is informed to:

 - 4.9.1 The uterus can push the IUCD out so need to check for the IUCD after each menses by feeling the thread inside the vagina, and if not present to contact her physician.

- 4.9.2 IUCD may cause heavy or longer menses.
- 4.9.3 To be aware of sign of infection as fever, lower abdominal pain and vaginal discharge.
- 4.9.4 If she gets pregnant she has to see a physician.
- 4.9.5 Rarely IUCD perforate the uterus and need to be removing surgically.
- 4.9.10 To remove an IUCD, it best be done during menses, the threads are grasped with a ring forceps and firm traction is excreted.
- 4.9.11 Patient can insert another IUCD at the same time of IUCD removal.
- 4.9.12 If the threads not seen, pelvic ultrasound has to be done.
 - 4.9.12.1 If still inside, uterine cavity can be hooked with long artery forceps and the IUCD grasped and removed under ultrasound guides.
 - 4.9.12.2 Hysteroscopy can be applied to remove the IUCD under direct visualization.
 - 4.9.12.3 If IUCD not inside the uterus abdominal x-ray should be done if present inside abdomen laparoscopy procedure will be done to remove it.
 - 4.9.12.4 Patient will advise to use other method of contraception.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physicians
- 6.2 Nurses

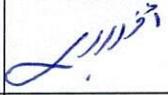
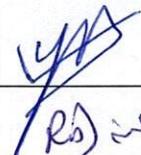
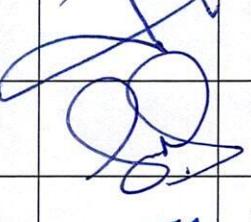
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Intrauterine Device Insertion and Removal. Johnson BA. Am Fam Physician 2005; 71:95 – 102
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- 8.2 WHO Medical Eligibility Criteria.
- 8.3 Guidelines for Obstetrics & Gynecology, Ministry of Health, 2013.

9. APPROVALS:

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