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NHS Grampian

The Mirena® intrauterine system and heavy periods

Information for women

Obstetrics and Gynaecology

What is it?

The Mirena® intrauterine system (coil) was designed as a method of contraception, but many women using it noticed that their periods became much lighter or stopped altogether.

Many women now use Mirena® as a treatment for heavy periods, even if they do not need contraception.

Mirena® can be offered to women whether or not they have had a previous pregnancy. The uterus needs to be a fairly normal size and shape. Mirena® cannot usually be fitted after an endometrial ablation treatment.

The Mirena® carries progestogen hormone rather than copper on its frame. The Kyleena® and Jaydess® coils have a lower dose of progestogen and can be used for contraception but are less effective for heavy periods.

Progestogen is the same type of female hormone used in the contraceptive progestogen-only pill, implant and injection. Mirena® releases hormone directly into the uterus (womb). The amount going round the bloodstream is similar to 3 progestogen only pills a week across the 5 years, so there is a lower risk of hormonal side effects elsewhere in the body than with the pill, implant or injection.

How does it work?

The hormone is gradually released into the uterus and stops the endometrium (womb lining) growing. This means there is less tissue to come away as a period.

The Mirena® works as a contraceptive within 7 days of fitting. It takes longer to affect periods and for the first 2 to 4 months, many women will get unpredictable vaginal bleeding. This may just be spotting but may be as heavy as a period on some days.

This can be very inconvenient, but is by 6 months, 8 out of 10 women find that their periods are much lighter.

Some women continue to have regular periods but others may have infrequent bleeding or no bleeding at all.

Many women find that period pain is improved by the Mirena®, particularly if the pain happens during heavy blood flow.

The Mirena® is replaced every 5 years if fitted for contraception under age 45 or used as part of HRT. It can work for longer if it is only used to treat heavy periods. Your doctor will discuss this with you.

If the Mirena® does not help your symptoms it can be removed easily and alternative treatment discussed.

How is it fitted?

Mirena® can be fitted at the gynaecology clinic. It can be fitted at the sexual health clinic even if it is not being used for contraception. Some GP surgeries offer Mirena® fitting.

Mirena® can be fitted at any time of the menstrual cycle as long as there is no risk of pregnancy since the last period.

It is routine for the doctor to ask about any risks of infection and to offer a chlamydia test.

The Mirena® is positioned inside the uterus by passing a narrow tube through the cervix (neck of the womb). The whole process usually takes about 10 minutes.

Fitting can cause period-type cramps and we advise women to take a simple painkiller such as ibuprofen or paracetamol half an hour before the appointment. Some women feel faint or dizzy for a short time.

Local anaesthetic to freeze the cervix is available at the clinics if needed, but most women do not need this.

What happens after Mirena® is fitted?

You can expect to leave the clinic after 20 minutes or so, but some women want longer to recover so allow an hour for your visit.

Most people are able to go straight back to normal activity but it is common to have some cramps for 1 or 2 days.

Are there any risks?

There is a 1 in 1000 chance that the Mirena® will go through the uterus wall at the time of fitting. This is called a perforation and may be noticed at the time of fitting or at the routine check 6 weeks later. The Mirena® would need to be removed under anaesthetic using keyhole or open surgery.

There is a small increased risk of infection for the first 3 weeks after fitting and we advise women to use pads not tampons in this time. Tampons can be used after this, though it is better to use pads if the flow is very light.

Infection may cause fever, prolonged or severe cramps or heavy bleeding or offensive discharge. Women with these symptoms should get prompt medical advice.

There is a 1 in 20 chance that the uterus will expel (push out) the Mirena®. This is most likely to happen in the first few months after fitting.

It is very unlikely that the Mirena® would come out without you noticing unless you had unusually heavy bleeding. It may be useful for you to see a model or online picture of Mirena® looks like before it is fitted.

Does the Mirena® have any other side effects?

Twenty in every 100 women with a new Mirena® may notice headache, mood swings, oily skin, breast tenderness or nausea. These side effects usually disappear within 2 months.

Most women will still ovulate with the Mirena®, even if their periods stop. This means that premenstrual symptoms may continue.

The Mirena® does **NOT** cause weight gain. Some women will lose or gain weight for other reasons around the time of fitting.

Does Mirena® interfere with sex?

Neither partner should be able to feel the coil or the threads during intercourse. If either you or your partner are aware of them, your doctor will check the position of the Mirena® and may be able to trim the threads shorter.

Do I need a follow up appointment?

We advise that you check the threads are there after 4 to 6 weeks, and then after every period. This is to check that the Mirena® is still in place. If you can't feel your threads, use extra contraception if needed until you have seen your GP, who will check and arrange a scan if necessary.

No other routine checks are needed if all is well.

Mirena® and contraception

The Mirena® provides effective contraception; if 100 women use the Mirena® for a year, one woman may become pregnant. This is more reliable than pills or condoms. Mirena® goes on working if the woman takes other medicines or has sickness or diarrhoea.

If the Mirena® is removed, fertility returns to the woman's natural level within weeks.

If a woman with a Mirena® thinks she may be pregnant it is important to do a pregnancy test as soon as possible and get medical advice if it is positive. There is a chance of ectopic pregnancy (pregnancy in the fallopian tubes).

The Mirena® does not offer protection against sexually transmitted infections.

The Family Planning Association (FPA) website (**sexwise.fpa.org.uk)** has more information about Mirena®.

Mirena® and the menopause

The Mirena® just contains progestogen so does not stop hot flushes or prevent osteoporosis on its own.

Oestrogen hormone tablets or patches or gel are needed to help menopausal symptoms. Progestogen is needed at the same time to stop the endometrium (womb lining) becoming overactive. This can be given by tablet or patch or in the form of Mirena®.

There are less likely to be bleeding problems or progestogen side effects with Mirena®. A Mirena® used as part of HRT needs to be changed after 5 years.

If a woman does not have regular periods with her Mirena® she may not know exactly when her menopause happens.

The average woman stops her periods aged 51 but they can continue until around age 53 or 54.

If all is well, the Mirena® can be left in place until age 55. It should then be removed.

Women can discuss this with their doctor on an individual basis.

Further information

This leaflet gives basic information about using the Mirena® to treat heavy periods. Please ask your doctor if you have any questions.

This leaflet is also available in large print.

Other formats and languages can be supplied on request. For a copy, call Quality Development on 01224 554149. Ask for leaflet 0072.

Feedback from the public helped us to develop this leaflet. If you have any comments on how we can improve it, please call 01224 554149 to let us know.

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