THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA
LA SOCIÉTÉ DES OBSTÉTRICIENS ET GYNÉCOLOGUES DU CANADA

**QUICK REFERENCE: IUC Insertion**

## The "No touch" technique

A 'No-touch' technique is recommended because you are working through a cavity with bacteria (vagina) to a sterile cavity (uterus). A 'no touch' technique implies that everything passing through the cervical os MUST remain sterile and does not touch vaginal walls or external cervix. Non-sterile gloves can be used for this approach, but you must not touch the length of the sound, and the top 7-9 cm of the IUD/IUS itself (the flange on the IUD inserter is OK) . Steps in a 'no-touch' technique include:

1. Perform a bimanual exam to assess uterine size and position and confirm absence of pelvic pain
2. Insert the speculum
3. Optional steps
    - STI Screening based on risk factors or local practice
    - Cleanse the cervix with antiseptic, such as betadine or chlorhexidine
    - Cervical anesthesia
4. Stabilize the uterus
    - Use the tenaculum to grasp the anterior lip of the cervix (or posterior lip if retroverted uterus)
    - Apply gentle traction to straighten the cervical canal
5. Sound the uterus – Use dilators if necessary
6. Set up the IUD for insertion
    - DO NOT open the IUD package until you have sounded the uterus successfully
7. Insert the IUD as per product monograph instructions
8. Cut the string at least 2-3 cm from the external cervical os

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## Uterine Sounding

- It is a **critically important** step that should not be avoided.
- The biggest challenge to inserting an IUD is SOUNDING the uterus.
- The more IUD insertions performed, the more comfortable the inserter is and the easier sounding becomes
- If you have sounded to <6cm, do not insert the IUD as you have likely not sounded to the fundus of the uterus

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| Clinical Pearl<br>Sound BEFORE opening IUD/IUS packaging to avoid contamination. This way if you cannot sound, you can send patient with the unopened product box to a gynecologist. |

## 7 Steps to sounding the uterus

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|---|---|
| 1. | Insert speculum to visualize the cervix |
| 2. | Cleanse the cervix and vagina with antiseptic |
| 3. | Apply tenaculum to the cervix |
| 4. | Gently pull the tenaculum to align the uterus, cervical opening and vaginal canal |
| 5. | Insert the sterile sound into the vagina and through the cervical opening |
| 6. | Advance the sound into the uterine cavity until a slight resistance is felt |
| 7. | Withdraw the sound and determine depth of uterus by direct visualization of the level of mucus/blood |

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**IUS (Mirena, Jaydess) Insertion**

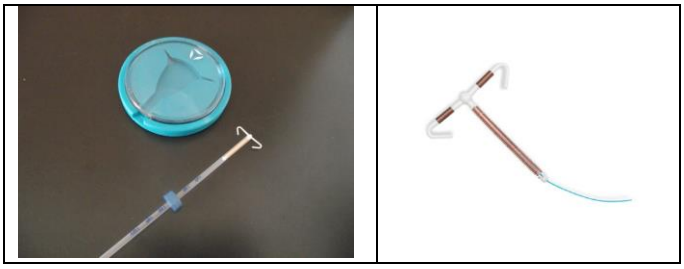
- Load the IUS: push the green or pink slider on the handle forward so that the arms of the IUS are enclosed in the insertion tube
- Set the upper edge of the flange to correspond to the sound measurement
- Insert until the flange is 1.0-2.0 cm from the cervix
- Pull back on slider to first mark (release arms)
- Wait 10 seconds
- Advance to fundus until the flange touches the cervix or you feel fundal resistance
- Pull back the slider all the way to the end (release IUS)
- Gently remove the inserter from the os (gentle rotation is sometimes done to ensure release)
- Cut the threads, leaving at least 2-3 cm of string visible out of the cervix

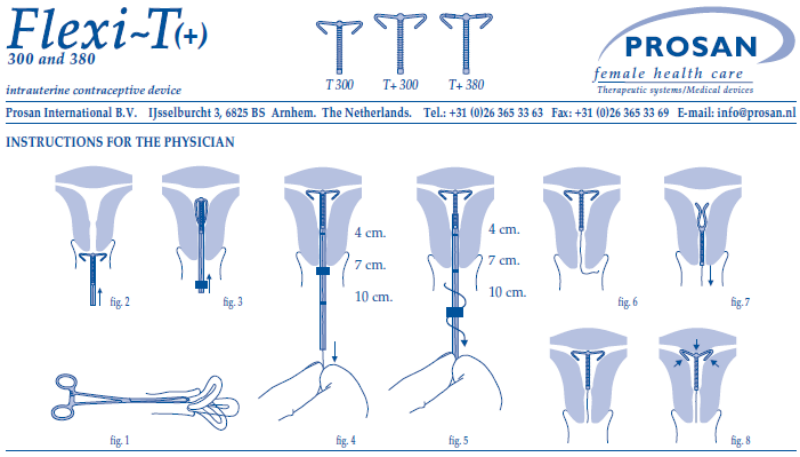
**IUD insertion - Liberté UT®/Nova T®/ Mona Lisa 5®**

- Pull string down so that arms are enclosed in insertion tube (ensure arms parallel to axis of flange)
- Set the lower edge of flange to correspond to the sound measurement
- Insert rod (plunge) into insertion tube
- Insert until flange is at the cervix
- Pull the insertion tube back to upper edge of line or ribbed section on the rod (plunge) (release arms)
- Advance to fundus until the flange touches the cervix or you feel fundal resistance
- Pull insertion tube all the way back (release IUD)
- Withdraw the rod (plunge), then the insertion tube
- Cut the threads, leaving at least 2-3 cm of string visible out of the cervix

**IUD insertion - Flexi T®, Mona Lisa N®**

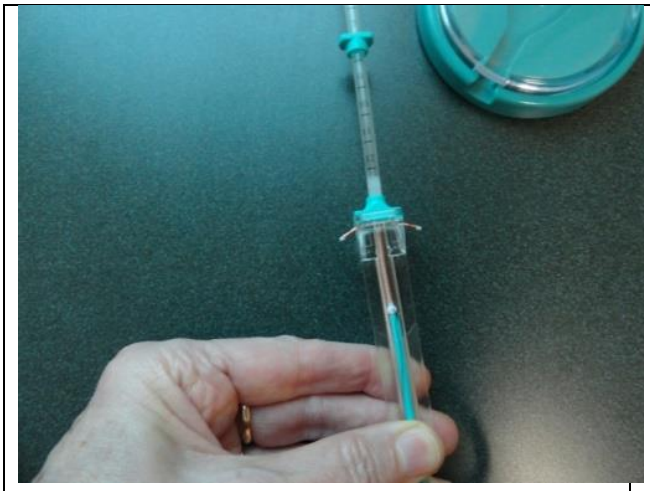
- Loosen string
- Set top of flange to sounded measurement
- Insert insertion tube until flange is at the cervix
- Wiggle the insertion tube off slowly, watching the threads
- Cut the threads leaving 2-3cm out of the cervix

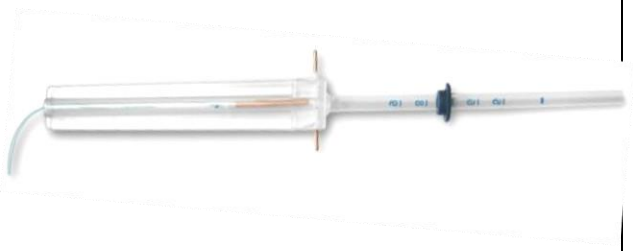




**IUD insertion - Liberté TT380®, Mona Lisa 10®**

- Insert rod (plunge) and push IUD to top of insertion tube such that tip of IUD is visible at the top of the tube
- Set top of flange to the sounded measurement
- Insert until flange is at the cervix
- Pull insertion tube all the way back (release IUD)
- Remove the rod (plunge), then the insertion tube
- Cut the threads leaving 2-3 cm visible out of cervix





## Follow up after insertion

It is recommended to have a follow up 4-12 weeks after insertion to ensure IUD has not been expelled and the patient has not developed an infection. Back-up contraception advisable until this FU visit

- At this visit, discuss:
    - Irregular bleeding, cramps/pain
    - Expulsion
    - Dyspareunia (including if partner feels string)
    - STI screening if change of sex partner
- Examine
    - For string length (risk of expulsion) and tenderness (risk of infection)
- Perform an ultrasound
    - If increased pain, or strings are absent or too long- to check placement