Copper Topical Dosage

Usual Adult Dose for:

- Contraception

Usual Pediatric Dose for:

- Contraception

Additional dosage information:

- Renal Dose Adjustments
- Liver Dose Adjustments
- Precautions
- Dialysis
- Other Comments

Usual Adult Dose for Contraception

The intrauterine copper contraceptive may be placed at any time during the cycle when the clinician is reasonably certain the patient is not pregnant.

A single intrauterine copper contraceptive should be placed at the fundus of the uterine cavity. The specific placement technique for the intrauterine copper contraceptive is beyond the scope of this dosage text.

Usual Pediatric Dose for Contraception

Over 16 years: The intrauterine copper contraceptive may be placed at any time during the cycle when the clinician is reasonably certain the patient is not pregnant.

A single intrauterine copper contraceptive should be placed at the fundus of the uterine cavity. The specific placement technique for the intrauterine copper contraceptive is beyond the scope of this dosage text.

Renal Dose Adjustments

Data not available

Liver Dose Adjustments

Data not available

Precautions

The intrauterine copper contraceptive should be removed on or before 10 years from the date of insertion.

The intrauterine copper contraceptive should not be placed when 1 or more of the following conditions exist:

1. Pregnancy or suspicion of pregnancy
2. Abnormalities of the uterus resulting in distortion of the uterine cavity
3. Acute pelvic inflammatory disease or current behavior suggesting a high risk for pelvic inflammatory disease
4. Postpartum endometritis or postabortal endometritis in the past 3 months
5. Known or suspected uterine or cervical malignancy
6. Genital bleeding of unknown etiology
7. Mucopurulent cervicitis
8. Wilson's disease
9. Allergy to any component of the intrauterine copper contraceptive
10. A previously placed IUD that has not been removed

If intrauterine pregnancy occurs with intrauterine copper contraceptive in place and the string is visible, the device should be removed because of the risk of spontaneous abortion, premature delivery, sepsis, septic shock, and, rarely, death. Removal may be followed by pregnancy loss.

If the string is not visible, and the woman decides to continue her pregnancy, check if the intrauterine copper contraceptive is in her uterus (for example, by ultrasound). If the intrauterine copper contraceptive is in her uterus, the patient should be warned that there is an increased risk of spontaneous abortion, sepsis, septic shock, and rarely, death. In addition, the risk of premature labor and delivery is increased.

Since the highest incidence of pelvic inflammatory disease (PID) occurs within 20 days following insertion, the visit after the first post-insertion menstrual period is an opportunity to assess the patient for infection, as well as to check that the IUD is in place. Since pelvic infection is most frequently associated with sexually transmitted organisms, IUDs are not recommended for women at high risk for sexual infection.

It is important to promptly assess and treat any woman who develops signs or symptoms of PID. Guidelines for treatment of PID are available from the Centers for Disease Control and Prevention (CDC) at www.cdc.gov or 1-800-311-3435. Antibiotics are the mainstay of therapy. Most healthcare professionals also remove the IUD.

The significance of actinomyces-like organisms on Papanicolaou smear in an asymptomatic IUD user is unknown, and so this finding alone does not always require IUD removal and treatment. However, because pelvic actinomycosis is a serious infection, a woman who has symptoms of pelvic infection possibly due to actinomyces should be treated and have her IUD removed.

Women with AIDS should not have IUDs inserted unless they are clinically stable on antiretroviral therapy. Limited data suggest that asymptomatic women infected with HIV may use intrauterine devices. Little is known about the use of IUDs in women who have illnesses causing serious immunocompromise. Therefore these women should be carefully monitored for infection if they choose to use an IUD. The risk of pregnancy should be weighed against the theoretical risk of infection.

Partial penetration or embedment of intrauterine copper contraceptive in the myometrium can make removal difficult. In some cases, surgical removal may be necessary.

Partial or total perforation of the uterine wall or cervix may occur rarely during placement, although it may not be detected until later. Spontaneous migration has also been reported. If perforation does occur, the intrauterine copper contraceptive should be removed promptly, since the copper can lead to intraperitoneal adhesions. Intestinal penetration, intestinal obstruction, and/or damage to adjacent organs may result if an IUD is left in the peritoneal cavity. Preoperative imaging followed by laparoscopy or laparotomy is often required to remove an IUD from the peritoneal cavity.

Expulsion can occur, usually during the menses and usually in the first few months after insertion. There is an increased risk of expulsion in the nulliparous patient. If unnoticed, an unintended pregnancy could occur.

The intrauterine copper contraceptive has been placed immediately after delivery, although risk of expulsion may be higher than when intrauterine copper contraceptive is placed at times unrelated to delivery. However, unless done immediately postpartum, insertion should be delayed to the second postpartum month because insertion during the first postpartum month (except for immediately after delivery) has been associated with increased risk of perforation.

The intrauterine copper contraceptive can be placed immediately after abortion, although immediate placement has a slightly higher risk of expulsion than placement at other times. Placement after second trimester abortion is associated with a higher risk of expulsion than placement after the first trimester abortion.

Women complaining of heavy vaginal bleeding should be evaluated and treated, and may need to discontinue the intrauterine copper contraceptive.

Safety and effectiveness have not been established in pediatric patients before menarche. The intrauterine copper contraceptive is not indicated before menarche. Safety and effectiveness have been established in women over 16 years of age.

Dialysis

Data not available

Other Comments

Before inserting the intrauterine copper contraceptive, the patient package insert should be discussed with the patient, and the patient should be given time to read the information. Any questions the patient may have concerning the intrauterine copper contraceptive should be discussed as well as other methods of contraception. The patient should be instructed to promptly report symptoms of infection, pregnancy, or missing strings.

More about copper topical

- Compare alternatives
- Reviews (1,742)
- Side effects
- During pregnancy

- Drug class: miscellaneous vaginal agents

Patient resources

Other brands

ParaGard, Miudella

Professional resources

Other brands

ParaGard

Related treatment guides

- Birth Control

Further information

Always consult your healthcare provider to ensure the information displayed on this page applies to your personal circumstances.

Medical Disclaimer

DRUG STATUS

Availability
Rx Prescription only

Pregnancy & Lactation
Risk data available

CSA Schedule*
N/A Not a controlled drug

Approval History
Drug history at FDA

User Reviews & Ratings

6.1 / 10

1,742 Reviews

Related Drugs

Mirena, Provera, Depo Provera, Nexplanon, Sprintec, Yaz, Slynd, drospirenone, levonorgestrel, medroxyprogesterone

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