

How can I check if it is in place?

You will need to check that the Mirena® has not moved. There are two strings, which you can feel to ensure that it is in place. This should be done about once a month, after your period. The doctor or nurse will teach you how to check.

The following may be signs that the Mirena® has moved or fallen out:

- An unusual increase in the amount of bleeding during your period
- If you cannot feel the threads
- If you can feel the lower end of the system itself, or if you or your partner feel discomfort during sexual intercourse

If you think the Mirena® has fallen out, visit your doctor. If you are also using the Mirena® as a contraceptive, in addition to treatment for heavy periods, then in the meantime use another reliable form of contraception.

Can I change my mind?

The Mirena® is a long-term contraceptive choice that lasts for 5 years but it can be easily removed by your doctor at any time. After removal, normal fertility is regained within a few months.

The Mirena® is part of a range of treatments available for heavy periods so discuss the options with your nurse or doctor. The Mirena® is a particularly good choice for those women who wish to avoid surgery.

How to contact your haemophilia centre

The Royal London Hospital
2nd Floor Central Tower
Whitechapel
London E1 1BB
Telephone (Haemophilia Nurses) – 020 3594 1869
Or via main switchboard: 020 7377 7000 and ask for bleep 1178 or 1196
Email to: haemophilia.centre@bartshealth.nhs.uk
Opening times: Monday to Friday 9am – 5pm

Patient Advice and Liaison Service

If you need general information or advice about Trust services, please contact the Patient Advice and Liaison Service (PALS) on 020 3594 2040 or visit www.bartshealth.nhs.uk/pals. Alternatively please contact staff who are providing your care if you require clinical advice.

Large print and other languages

For this leaflet in large print, please speak to your clinical team.

For help interpreting this leaflet in other languages, please ring 020 8223 8934.

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Patient information

Mirena®
(levonorgestrel-releasing intrauterine system) as treatment of heavy periods in women with inherited bleeding disorders (IBD)



Introduction

More than a third of women presenting at their GP practice or gynaecology clinic with heavy periods have an underlying bleeding disorder. The most common inherited bleeding disorder is type 1 von Willebrand's disease.

The Mirena® is one of the options available to women for the management of heavy periods. Other options such as the oral contraceptive pill, tranexamic acid or desmopressin are also helpful but rely on correct use.

The Mirena® was developed as a contraceptive but is also commonly used to treat heavy periods. It is therefore ideal for women who do not currently want to become pregnant and who have an inherited bleeding disorder.

The Mirena® has been shown to reduce menstrual blood loss substantially (by 97% after 12 months) in women with menorrhagia (heavy periods) with no bleeding disorder. It is now recognised by the National Institute for Clinical Excellence (NICE) as a treatment for heavy periods in women who seek contraception as well. Mirena has also been shown to be effective in reducing the menstrual blood loss in women with inherited bleeding disorders.

What is the Mirena®?

The Mirena® is a small, T-shaped plastic contraceptive system that is placed directly into the womb (uterus) which delivers hormone (progestogen) into the lining of the womb (endometrium), exactly where it is needed therefore minimising the side effects. In the UK it is sometimes referred to as a hormonal intrauterine system or IUS.

How does the Mirena® work?

The Mirena® works by releasing a very low concentration of the contraceptive hormone which prevents pregnancy and reduces blood loss during periods. The blood loss is lessened as the hormone keeps the lining of the womb thin. As the Mirena® is actually in the womb, the hormone concentration needed is very low. The hormone is released over a period of five years or until it is removed. The Mirena® usually achieves a noticeable reduction in bleeding within 3 to 6 months of treatment.

Who is it suitable for?

The Mirena® is useful for women with all inherited bleeding disorders. It is suitable for women who have had children and those who have not been pregnant. Please discuss any other conditions you have with your doctor or nurse.

Will I bleed when the Mirena® is inserted?

You may require treatment during the procedure to prevent bleeding. Your haemophilia centre will assess your need for the treatment, so please ensure that they know you are planning to have the Mirena® inserted.

Will it hurt?

Some women may find the fitting of the Mirena® uncomfortable but you can take a painkiller if need be for example paracetamol, but not aspirin or NSAIDs (non-steroidal anti-inflammatory drugs) like nurofen or voltarol.

Will I experience any side effects?

There may be some irregular spotting after insertion for the first 3-6 months but no more than that experienced by women without a bleeding disorder. This usually settles after 6-12 months.

Some women have no periods while using Mirena®. If this happens to you, do not worry as it is perfectly healthy.

Occasionally women experience side effects related to progestogens such as bloating, weight gain, breast tenderness, greasy hair or skin, acne, nausea, mood changes and depression but it is better tolerated than progestogens taken in the form of the pill. It is associated with a low risk of ectopic pregnancy and infection compared with other intrauterine devices.

As with any other intrauterine devices, occasionally the Mirena® is expelled or passed out from the womb without you noticing (see how to check it is in place – below).