Rancho Los Amigos National Rehabilitation Center
OUTPATIENT SERVICES: MOBILE CLINIC POLICY AND PROCEDURE

SUBJECT:	**Women's Health:**	**Policy No.:**	**404.3**
		Supersedes:	**New**
	Intrauterine Device (IUD) Removal	**Revision Date:**	**February 9, 2022**
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1. **PURPOSE**

1.1 To provide guidance and describe the workflow process in performing Intrauterine Device (IUD) Removal Procedure in the mobile clinic according to DHS – LA County Standard of Care.

2. **POLICY**

2.1 The Medical Provider will perform the Intrauterine Device (IUD) removal procedure with a chaperone.
2.2 RNs, LVNs & CMA will help assist, set-up and clean up after IUD procedure is performed.
2.3 Provide instructions and answers all patients' questions before the procedure is perform.
2.4 Provide privacy to patient when procedure is being performed.
2.5 A signed consent from the patient will be secured before the commencement of the procedure.

3. DEFINITION

3.1 The Intrauterine Device (IUD) is birth control method shaped like a letter "T" plastic inserted into the uterus to prevent pregnancy. It is one of the most common birth-control methods.

4. **INDICATION**

4.1 To exchange IUD for new IUD placement
4.2 To discontinue IUD contraception due to patient wishes/request or for conditions that require removal, such as:
4.2.1 With the copper (ParaGard®) IUD, conditions that require removal include:
- symptomatic *Actinomyces* infection
- the onset of menopause
- severe cramping
- dyspareunia
- abnormal bleeding
- heavy menstrual bleeding that produces anemia
- uterine embedment or perforation
- partial expulsion
- acquired immunodeficiency syndrome
- endometrial malignancy
- confirmed pregnancy

4.2.2 With a levonorgestrel-releasing IUD (Mirena®, Skyla®, Liletta®, or Kyleena®), IUD

removal is advised if the patient experiences:

- Coagulopathy
- migraine headaches (with asymmetrical visual loss), which may indicate transient cerebral ischemia
- jaundice
- hypertension
- stroke
- myocardial infarction

5. COMPLICATION

5.1 In most instances, IUD removal progresses smoothly without complications. However, if IUD removal is difficult (such as due to an embedded IUD, non-visualized IUD strings, a malposition IUD, or a retained portion of a fractured IUD) and a more aggressive approach is required, complications of surgical intervention may occur. Such complications include uterine perforation, hemorrhage, infection, and bladder or other organ injury as well as complications related to anesthesia. The patient may also experience pain and a vasovagal reaction related to IUD removal.

6. EQUIPMENT

6.4 For Mirena, Skyla or ParaGard IUD removal

6.4.1 Upon patient arrival

- Ibuprofen 800 mg if no allergy or contraindication (If already taken, document time taken)

6.4.2 In procedure room

- Drape
- Sterile gloves
- Speculum
- Water-based lubricant (sterile)
- Single-toothed tenaculum (sterile)
- Light source
- Povidone-iodine or chlorhexidine in cup with cotton balls or swabs
- Narrow forceps
- Menstrual pad
- Optional: cytobrush, sterile cervical tenaculum, equipment for a paracervical block, cervical dilators, ultrasound device, hysteroscope
- For difficult removals:
- Cytobrushes
- IUD hook (sterile)
- Alligator forceps (sterile)

7. IMPLEMENTATION

7.1 Review the reason for IUD removal with the patient. Discuss plans for using an alternative contraceptive method if she wishes.

7.2 Explain the procedure to the patient and family (if appropriate) according to their individual communication and learning needs *to increase their understanding, allay their fears, and enhance cooperation.*
7.3 If required by your facility, obtain informed consent from the patient and place the consent form in the patient's medical record.
7.4 Gather and prepare the necessary equipment and supplies.
7.5 Perform hand hygiene.
7.6 Confirm the patient's identity using at least two patient identifiers.
7.7 Provide privacy.
7.8 Instruct the patient to undress from the waist down. Socks may be kept on for warmth, if desired.
7.9 Drape the patient appropriately *to provide privacy and warmth.*
7.10 Assist the patient into the lithotomy position with her feet in stirrups *to allow visualization of the patient's vagina and cervix.*
7.11 Position a light source *to help improve visualization.*
7.12 Perform hand hygiene.
7.13 Put on sterile gloves *to comply with standard precautions.*
7.14 Apply a small amount of sterile lubricant to a sterile speculum and insert the speculum into the patient's vagina. Adjust the speculum, as needed, to help obtain a full view of the patient's cervix.
7.15 When you can see the threads of the IUD, grasp them with the sterile forceps. Tell the patient when you are ready to remove the IUD.
7.16 Apply gentle, steady traction and remove the IUD slowly. Note that the arms of the IUD should fold upward on removal from the patient's uterus.
7.17 Consider administering a paracervical block if removing the IUD using gentle traction is difficult. Apply a sterile cervical tenaculum, as needed, to steady the patient's cervix, *which helps straighten an anteverted or a retroverted uterus, allowing for easier IUD removal.* If you still can't remove the IUD, consider using cervical dilators *because the patient may have cervical stenosis and a small cervical canal that's resistant to natural dilation.*
7.18 If the IUD threads aren't visible on examination, determine the location of the IUD by ultrasonography and proceed accordingly. Consider inserting a cytobrush into the patient's endocervix and gently sweeping downward to locate IUD threads that have curled up into the cervical canal. If you still can't locate the IUD threads, consider removing the IUD using cervical dilators and a narrow cervical tenaculum *because the IUD most likely have gravitated upward, and the threads probably are in utero.* Note that hysteroscopy may also be required.
7.19 Inspect the IUD after removal *to ensure that it's intact.*
7.20 Assist the patient into a sitting position.
7.21 Discard used supplies in appropriate receptacles.
7.22 If the patient wishes to use a different contraceptive method, instruct her to begin using it immediately.
7.23 Remove and discard your gloves.
7.24 Perform hand hygiene
7.25 Provide privacy for the patient to get dressed
7.26 Document the procedure.

8. SPECIAL CONSIDERATIONS

8.1 If a patient with irregular menstrual cycles or amenorrhea wishes to use an alternative contraceptive method, she should start the new method 7 days before IUD removal.
8.2 If you remove a patient's IUD between menstrual periods, perform a pregnancy test before removing the IUD.
8.3 If testing confirms pregnancy with the IUD in utero, determine whether it's ectopic or intrauterine by referring the patient for ultrasonography. If ultrasonography confirms an intrauterine pregnancy, explain to the patient the potential complications of leaving the IUD in utero versus removing it. Maintaining the IUD in utero carries an increased risk of spontaneous and septic abortion. Studies have demonstrated a higher rate of pregnancy loss when the IUD remains in utero, and the U.S. Food and Drug Administration recommends removing the IUD, when possible.

9. PATIENT TEACHING

9.1 Advise women who have had no menses or infrequent menses while using a levonorgestrel-releasing IUD that an absence of menses does not mean that ovulation has stopped; menses often returns in 1 to 2 months.
9.2 Teach the patient about alternative contraceptive methods, unless she intends to become pregnant or plans to have another IUD inserted.
9.3 After IUD removal, review with the patient the signs and symptoms of complications, such as heavy cramping, bleeding, fever, and malodorous discharge.
9.4 Instruct the patient to contact the practitioner if any of these signs or symptoms occur. Tell the patient to schedule regular follow-up examinations with the medical practitioner.

10. DOCUMENTATION

10.1 Record the reason for—and date and time of— IUD removal. Note the steps taken to remove the IUD, including patient positioning, the choice of instruments for removal, the need for dilators or anesthetics, the actual IUD removal, and the device's condition on removal (complete or fragmented).
10.2 Document the patient's tolerance of the procedure. Note whether the patient was menstruating when the device was removed and, if not, the results of the pregnancy test performed.
10.3 Document teaching provided to the patient and family (if applicable), including any instructions about the signs and symptoms of potential complications; their understanding of that teaching; and the need for any follow-up teaching.
10.4 Note whether a new IUD device was inserted, or the use of an alternative contraceptive method was initiated.

REFERENCE

1. Lippincott (2021). Lippincott Procedures – *Intrauterine Device (IUD) Insertion.* Retrieved on January 3, 2022, from https://procedures.lww.com/lnp/view.do?pId=6761559&hits=inserter,iud,device,insert,insertion,iuds,intrauterine,inserting,inserted,devices&a=false&ad=false&q=iud%20insertion