

The hormone releasing intra-uterine system (**Mirena**) has been used for contraception in the UK since 1995. It is now also licensed for both the treatment of heavy periods and for use as part of a HRT combination. Women who do not require contraception may wish to have a Mirena fitted for these specific reasons and this leaflet is designed to explain more about using a Mirena in those situations.

The **Mirena** works by releasing a low dose of a progestogen hormone which thins the lining of the womb and prevents bleeding. As the hormone dose is very small, side effects are minimal, if at all and tend to settle after a few months. Occasionally patients notice breast tenderness, greasy skin or bloating at first, but most women find side effects are mild.

Most women can be fitted with **Mirena**. Women who have very large fibroids may not be suitable for **Mirena** as it will not be effective and may be more likely to fall out. We will examine you and make sure your smears are up to date before we fit **Mirena**. Occasionally, we may also suggest that you have an ultrasound scan and small biopsy of the lining of the womb to check for any problems.

Who is suitable for a **Mirena** to help heavy periods?

Heavy periods are very common and there are medical treatments which can be very helpful. Tablets such as mefenamic acid (Ponstan) 500mg three times per day or tranexamic acid (Cyklokapron) 1g three times per day can be prescribed and will reduce the amount of bleeding by around 40%. Some women will be suitable to try the combined contraceptive pill which is also a very effective agent for painful or heavy periods.

You may want to think about having **Mirena** for heavy periods if you have already tried various tablets and wish to avoid a hysterectomy. **Mirena** will reduce menstrual bleeding by over 90%. You may have heavy periods with a copper IUD and wish to switch over to **Mirena**.

Who is suitable for **Mirena** for HRT?

Women taking HRT who have not had a hysterectomy need to take the hormone progestogen in to prevent oestrogen thickening the lining of the womb. Some women find that progestogen tablets give them quite marked side effects and prefer to use **Mirena** which has a very low dose of progestogen. Women taking HRT may have heavy bleeding and the **Mirena** can be a good way of controlling this. If you have **Mirena** fitted, you will still need to add in oestrogen to help your menopausal symptoms. This can be done with tablets, patches or by other routes.

Will **Mirena** help premenstrual symptoms?

Mirena will not specifically improve PMS symptoms by itself, but by making periods 90% lighter, **Mirena** improves general wellbeing and many women find they can cope with their PMS symptoms better. Occasionally, we recommend adding in high dose oestrogen patches with **Mirena** for severe PMS symptoms.

Having **Mirena** fitted

It may be more difficult to fit **Mirena** if you have not had a vaginal birth but we may offer you local anaesthesia (by spray or gel) to help. The procedure to fit **Mirena** is quick, but can cause momentary, deep discomfort in the lower abdomen. It may be helpful to take painkillers an hour before the procedure and make sure you have eaten before you come to the appointment. Some women feel the procedure is slightly unpleasant but worth it. We will teach you how to feel for the **Mirena** threads after the procedure and this will allow you to check the **Mirena** in the future.

There is a 1 in 20 chance that a Mirena may fall out in the first month after insertion. There is also a 1 in 1000 chance that a Mirena may perforate the womb at the time of insertion.

Bleeding patterns

Once **Mirena** has been fitted, menstrual bleeding will gradually become lighter and lighter as the months pass. Some women experience irregular bleeding or spotting during the first few months, but this settles with time. A few women have spotting almost everyday for the first three to six months. We specifically warn you about this happening as it is quite normal and we encourage you to persevere with **Mirena** during this time as we know that that it will improve. By six months, bleeding in most women will have settled down to episodes of very light bleeding and by one year, many women find that the bleeding will have stopped altogether.

Follow up arrangements

We will see you 6 weeks after the **Mirena** has been fitted for an examination to check the threads (unless you are able to feel them yourself).

Please keep the card which tells you when the **Mirena** was fitted and come back to see us once you have had the **Mirena** for 5 years as we will not routinely get in touch with you to arrange this. If the **Mirena** has been fitted for heavy periods and you do not require contraception, it may be possible to leave the **Mirena** in for longer than 5 years. If you are using the **Mirena** as part of an HRT combination, we will need to change it after 5 years if you wish to continue taking HRT longer than that. Dr McLay and Dr Little are happy to discuss these issues.

USING A MIRENA TO TREAT HEAVY PERIODS OR FOR HORMONE REPLACEMENT THERAPY

