Prevalence and Types of IUD-Related Complications at a Sexual Health Clinic in Western Australia



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Background

Intrauterine devices (IUDs) are increasingly popular due to their convenience, long-acting contraceptive effects, and high effectiveness in preventing pregnancies^{1,2}. Despite their benefits, the associated complications need to be thoroughly assessed³.

This study aimed to evaluate the prevalence of IUD-related complications in Western Australia, at Sexual Health Quarters (SHQ).

Methods

The study included all patients who had IUDs inserted at the Sexual Health Quarters Clinic in WA over a three-month period from October 1, 2021, to December 31, 2021. A total of 132 patients were analyzed. The patients' demographics, obstetric and gynecological history, IUD type, and complications (difficult insertion, non-insertion, vasovagal, removal, infection, others) were collected from the ZedMed patient database.

Results

The mean age of the patients was 29.1 years (+/- 7.9), with the majority being nulliparous and without prior IUD insertion (72% and 73%, respectively). Mirena was the most commonly inserted IUD (56%), followed by Copper T Standard (25%), Kyleena (12%), Copper T Short (5%), and Copper Load 375 (2%).

66% of patients had no complications within the immediate or 1.5-year follow-up period.

34% of patients were seen to have some complication, and amongst these, non-insertion due to difficulty was the most common (25%).

Difficult insertion was reported in 18% of cases, although the IUD was still successfully inserted.

About 32% of patients (14 cases) later required IUD removal, primarily due to malposition (5), pain (2), bleeding (2), or other causes (mood, acne, infection -5 cases).

Approximately 7% of cases (3 cases) developed infections (not requiring IUD removal) - with one case of confirmed PID, and two cases of bacterial vaginosis.

A further 2 cases experienced vasovagal symptoms, and 6/132 cases were seen to have a mixture of complications.

Discussion

The study found that the majority of patients did not experience any immediate, short, or long-term complications after IUD insertion at the Sexual Health Quarters Clinic. Difficulty in insertion and malposition were the most common immediate and longer-term complications, respectively. None of the patients experienced complete IUD failure leading to pregnancy, expulsion, or perforation.

Conclusion

These findings are promising and suggest that IUDs are a safe and effective contraceptive option.

References

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