

Intrauterine Contraceptive (IUC) Removal – CON 4

DEFINITION
This protocol covers the steps to follow in removing a client's IUC
SUBJECTIVE
May include: <ol style="list-style-type: none">1. LMP2. Medical, sexual, and contraceptive use history3. History of any recent intercourse if client not currently menstruating4. Documentation of reason for removal request
OBJECTIVE
May include: <ol style="list-style-type: none">1. BP2. Pelvic exam
LABORATORY
May include: <ol style="list-style-type: none">1. Sensitive urine pregnancy test if client not menstruating (if positive, see IUC Complications protocol)2. Hemoglobin (if history of excessive bleeding)3. STI screening as indicated
ASSESSMENT
IUC removal candidate
PLAN
<ol style="list-style-type: none">1. Obtain patient documented consent2. May medicate with 400-800 mg of ibuprofen 30-60 minutes prior to removal. Counsel that mild cramping/spotting may occur3. If removing IUC following PID diagnosis, antibiotics should be initiated prior to removal to decrease risk of bacteremia (See PID protocol)4. If IUC thread is visible:<ol style="list-style-type: none">a. Grasp the strings close to the os and apply gentle, steady traction to remove the IUC slowlyb. Examine to ensure IUC is intact5. If string(s) missing or break during removal attempt, refer to IUC Complications.6. IUC can be removed at any time during menstrual cycle<ol style="list-style-type: none">a. If pregnancy is not desired, a contraception method should be started prior to removal. Counsel on risk of pregnancy if intercourse occurred in the week prior to removal without use of a backup contraceptive method. EC may be provided if last sexual intercourse was less than 5 days prior to the IUC removalb. Removal may be carried out during menstruation. If removed any other time and patient requests another form of birth control, consider starting that method one week before removal. May insert new IUC at same visit if no absolute contraindications
CLIENT EDUCATION
<ol style="list-style-type: none">1. Provide education handout(s). Review symptoms, complications, and danger signs2. Review safer sex education, as appropriate

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3. If client is seeking pregnancy, provide preconception counseling educating that pregnancy can occur prior to return of menses
4. Recommend client RTC annually or PRN for problems

CONSULT / REFER TO PHYSICIAN

1. Client who requires antibiotic prophylaxis unless she has been previously evaluated by MD
2. Client with difficult IUC removal
3. Any client who is pregnant

REFERENCES

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4. Liletta Package Insert, Allergan USA, Inc., 2020
5. Skyla Package Insert, Bayer HealthCare Pharmaceuticals Inc., 2021
6. Paragard Package Insert, CooperSurgical Inc., 2021
7. Kyleena Package Insert, Bayer HealthCare Pharmaceuticals Inc., 2021
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