

## Tayside Sexual & Reproductive Health Service (TSRHS) “Lost” IUD/IUS threads Guidance for Primary Care

This guidance is written for health care providers in Primary Care to help them to deal with patients using an IUD or IUS and presenting with “lost threads”.

### General advice

The “lost threads” flow charts are aimed at clinicians at different levels of competency and experience in dealing with this clinical presentation.

Device retrieval in patients with “lost threads” who want the device removed or replaced can be attempted by practitioners within their competency and experience and with appropriate analgesia.

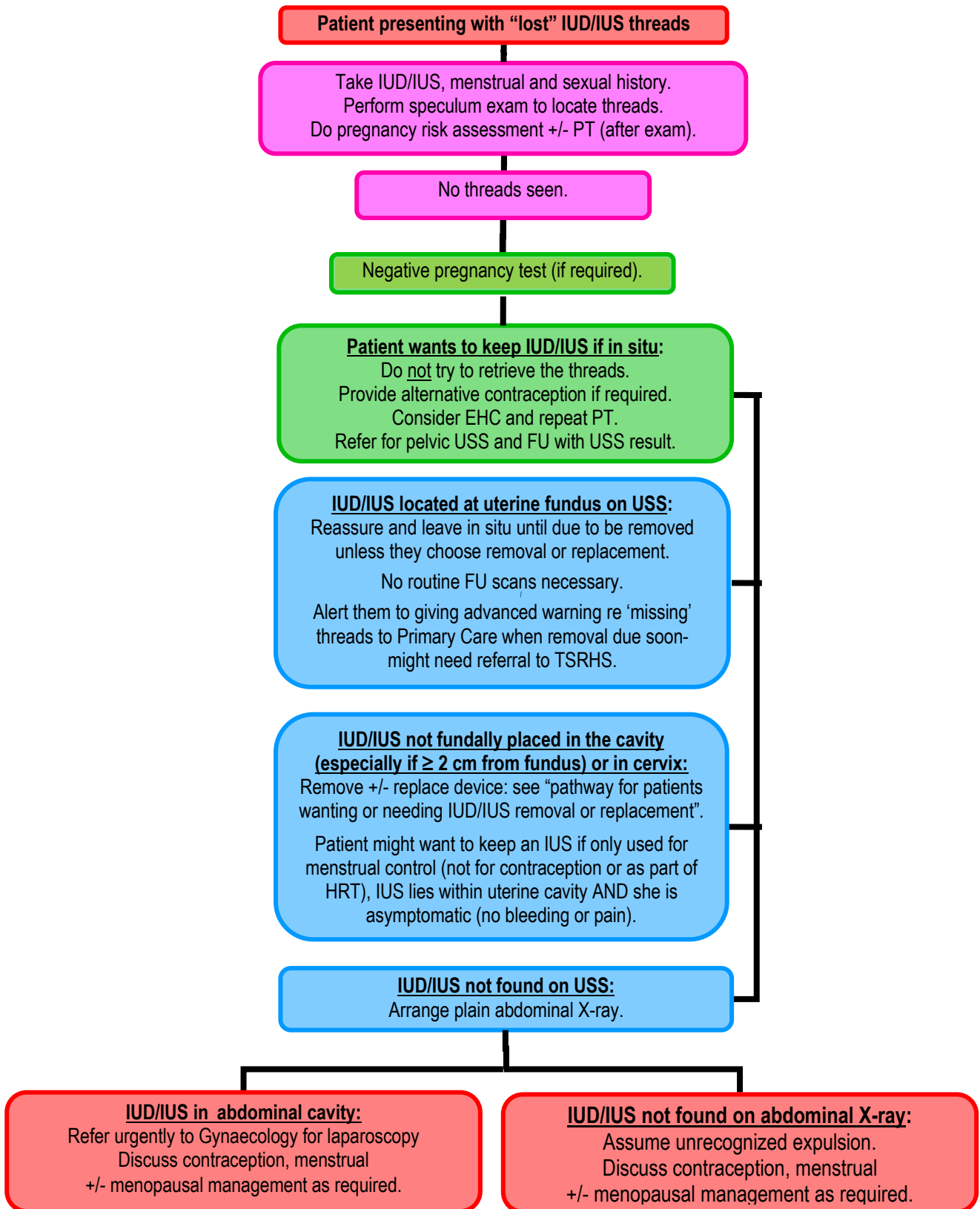
Please refer the patient electronically to Tayside Sexual & Reproductive Health Service (TSRHS) via TrakCare (RMS) either directly or after an unsuccessful attempt to remove the IUD/IUS.

### Some important points to remember:

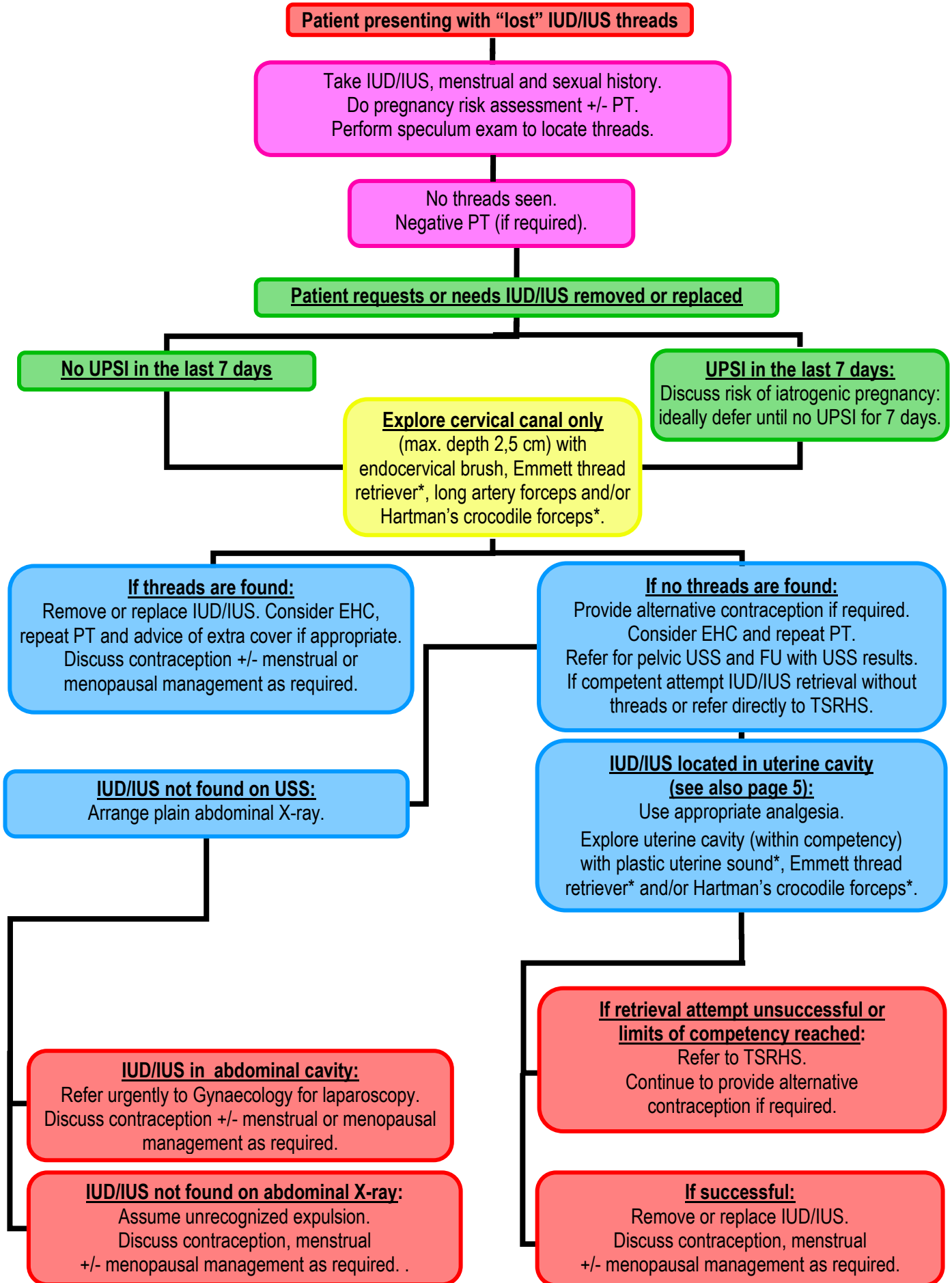
- ✓ Most “lost threads” reported by a patient can be found on VE or speculum exam.
- ✓ Reasons for lost IUS/IUD threads on speculum examination (in descending order of frequency):
  - they are curled up in the cervix,
  - the IUD/IUS was inserted lower than the uterine fundus and has moved up, pulling the threads on the way (“fundal-seeking”),
  - the threads are very short for the reason above and only are visible part of the cycle,
  - the IUD/IUS has expelled (more likely the first months after insertion and in patients with HMB),
  - the patient is pregnant and the IUS/IUD has been pulled up by the growing uterus.
  - the IUD/IUS perforated and is lying abdominally.
- ✓ Please do not try to bring down “lost threads” in patients who want to keep their device as this can displace the device and reduce its effectiveness.
- ✓ Please do not explore the uterine cavity of patient with “lost threads” unless the patient had a recent USS<sup>1</sup> showing the device being in situ.
- ✓ If removing an IUD/IUS within 7 days of unprotected sexual intercourse (UPSI) on the request of a patient who accepts the risk of an iatrogenic pregnancy: please discuss emergency hormonal contraception (EHC) and recommend a follow-up pregnancy test (PT) three weeks after the last UPSI.
- ✓ Emergency contraception: (if indicated) do not give ulipristal acetate (EllaOne<sup>®</sup>) emergency contraception to patients with (possibly) an IUS in situ as any systemic hormone level might reduce its effectiveness. Give levonorgestrel (Upostelle<sup>®</sup>, Levonelle<sup>®</sup>, Emerres Una<sup>®</sup>) emergency contraception instead.

- ✓ Due to the uterine contractions a very short intracervical thread might reappear spontaneously around menstruation. The retrieval procedure might also be easier.
- ✓ Please remember that a patient who is pregnant with an IUS/IUD in situ has an up to 50% risk of having an ectopic pregnancy. There is also an increased miscarriage risk. Do not attempt to remove the IUD/IUS in Primary Care. **Please refer any pregnant woman with (possibly) an IUD/IUS in situ to the Early Pregnancy Assessment Clinic (EPAC) at Ninewells (632 069) or, if she is in pain, to the Gynaecology Assessment Unit (GAU) (632 761) for an urgent USS to locate the pregnancy +/- the IUD/IUS.**

**'Lost' IUD/IUS threads pathway (Part 1): patients not requesting removal or replacement**



**'Lost' IUD/IUS threads pathway (Part 2): patients requesting or needing removal or replacement**



\* Instruments can be purchased from Durbin Sexual Health Supplies.

# IUD/IUS removal with “lost threads”

## Analgesia

- Ideally the patient takes oral analgesia half an hour before the procedure (type according to the patient’s preference) +/-
- Inject local anaesthesia to tenaculum/ vulsellum site (if requested by patient) +/-
- Apply cervical block (type according to clinician’s preference) (if requested by patient).

## Procedures

### Before a pelvic USS confirms presence of device in uterus

1. Routine pre-assessment for IUD/IUS removal or replacement: consider the timing of last unprotected sexual intercourse, the need for a PT and NAAT CT/GC screening.
2. Consent patient and discuss possible pain, bleeding, perforation and vasovagal reaction and failure to retrieve the device (completely).
3. Explore only the cervix (max depth 2.5 cm).
4. An endocervical brush (for example “Cervibrush”) could be inserted into the cervical canal to try to bring down the threads with a rotating movement.
5. An Emmett thread retriever\* could be inserted in the cervical canal and gently rotated to trap the threads and bring them down.
6. The cervical canal could be explored with narrow long artery forceps or Hartman’s IUD retrieving (crocodile) forceps\*. Gently open, turn and close the jaws and withdraw.
7. If attempt unsuccessful and not competent to explore intrauterine cavity: please refer electronically to TSRHS via TrakCare (RMS).

### After recent<sup>1</sup> USS confirmed an intrauterine IUD/IUS<sup>2</sup>

1. Consent patient and discuss possible pain, bleeding, perforation and vasovagal reaction and failure to retrieve the device (completely).
2. Repeat Steps 1- 4 above.
3. A flexible plastic uterine sound\* could be used to locate the device within the uterine cavity.
4. An Emmett thread retriever could be inserted up to the uterine fundus and gently rotated to trap the threads and bring them +/- the IUD/IUS down.
5. A Hartman’s IUD retrieving (crocodile) forceps\* could be inserted into the uterine cavity to feel for the device, catch the threads or device and remove it. Gently open, turn and close the jaws and withdraw.
6. Gentle dilatation of the internal cervical os with a (tapered) plastic dilator\* might be needed.
8. If attempt unsuccessful: please refer electronically to TSRHS via TrakCare (RMS).

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<sup>1</sup> An USS done within the three months prior to the appointment would usually be regarded as “recent” but the final decision about what a “recent” scan is lies with the clinician.

<sup>2</sup> The IUS/IUD reported as lying in uterine cavity, without being embedded or partially perforated.

\* Instruments can be purchased from Durbin Sexual Health Supplies.

## Abbreviations

CT/GC	chlamydia and gonorrhoea
EHC	emergency hormonal contraception
FU	follow-up
GAU	Gynaecological Assessment Unit
HMB	heavy menstrual bleeding
IUD	intrauterine device ("copper coil")
IUS	intrauterine system ("hormone coil")
NAAT	nucleic acid amplification test (for chlamydia and gonorrhoea)
PT	pregnancy test
SRH	Sexual & Reproductive Health
STI	sexually transmitted infection
TSRHS	Tayside Sexual & Reproductive Health Service
UPI	unprotected sexual intercourse
USS	ultrasound scan
VE	vaginal examination

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