

# Tayside Sexual & Reproductive Health Service (TSRHS)

## “Lost” IUC threads Guidance for Primary Care

This guidance is written to help health care providers in Primary Care to deal with patients using intrauterine contraception (IUC) 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. Which pathway to use depends on whether the patient wants to keep their IUC or wants it replaced or removed.

**Please assume that coils with “lost threads” are not in situ and consider the need of a pregnancy test (PT), emergency contraception and a bridging contraceptive method until proven otherwise.**

**For those wanting to keep their IUC, please request a pelvic USS (radiology department). Avoid exploring the cervical canal to retrieve the threads as this might dislodge the device and affect its effectiveness.**

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. In these patients the cervical canal could be explored without a pelvic USS confirming the presence of the device. However, it’s not recommended to go further than 2.5 cm and explore the uterine cavity if not sure that the device is in place.

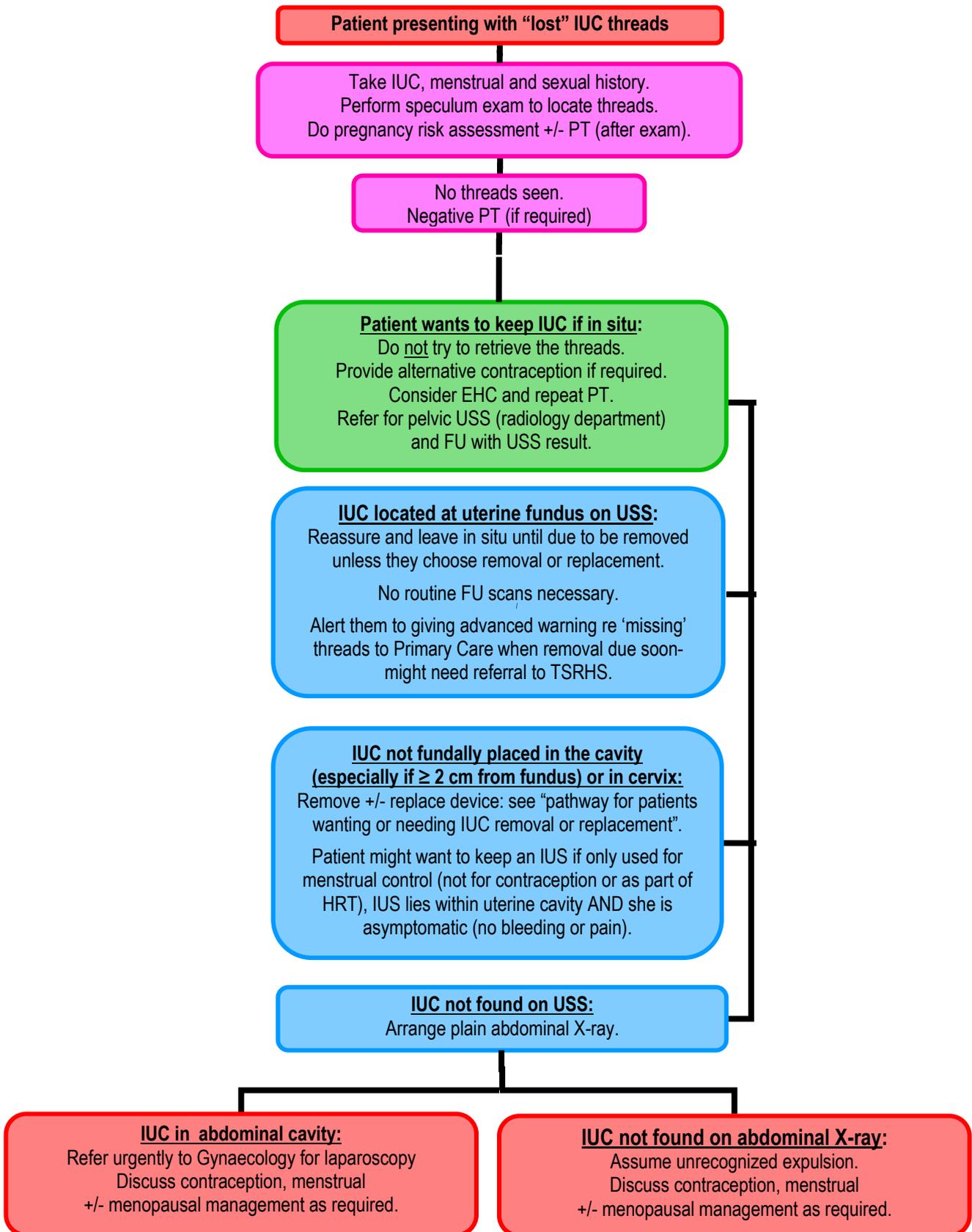
Please refer the patient electronically to Tayside Sexual & Reproductive Health Service (TSRHS) via SCI Gateway either directly, or if attempt to remove the IUC device was not successful. Depending on staff capacity and waiting lists the vetting clinician might ask you to request a pelvic USS (radiology) before accepting the referral.

### Some important points to remember:

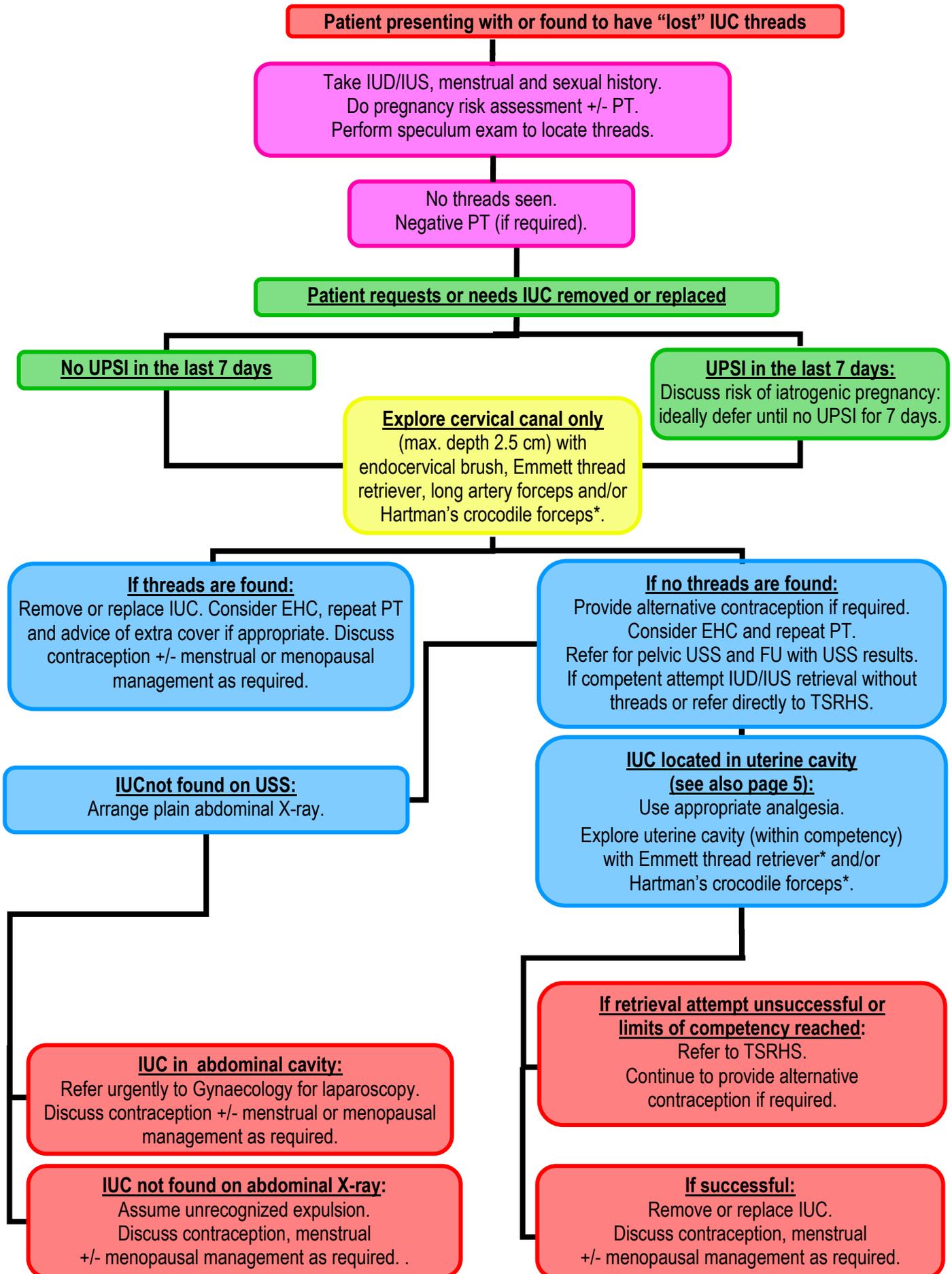
- ✓ Most “lost threads” reported by a patient can be found on VE or speculum exam. Some threads are very short and only are visible/palpable part of the menstrual cycle (uterine length is usually shortest around ovulation),
- ✓ Reasons for lost IUC threads on speculum examination:
  - they are curled up in the cervix or endometrial cavity,
  - the IUC device was inserted lower than the uterine fundus and has moved up, pulling the threads on the way (“fundal-seeking” initially low lying device),
  - the device was inserted postpartum (Caesarean Section or vaginal birth) and the threads never find their way through the cervix,
  - the threads were cut short (accidentally or on purpose) or broke off (very rare),
  - the IUC device has expelled (more likely the six months after insertion and in patients with HMB but can happen at any time),
  - the patient is pregnant and the device has been pulled up by the growing uterus.
  - the device perforated at insertion and is lying abdominally.

- ✓ Nonetheless: please assume that an IUC with “lost threads” is not in situ as default and consider the need of a pregnancy test (PT), emergency contraception and a bridging contraceptive method until proven otherwise.
- ✓ Please request a pelvic USS (radiology department) for patients who have confirmed lost threads but want to keep their device.
- ✓ Please do not explore the uterine cavity to remove a device with “lost threads” unless the patient had a recent USS<sup>1</sup> showing the device being in situ.
- ✓ If removing a coil 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 with lost threads 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.
- ✓ **Please remember that a patient who is pregnant with an IUC device 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 device in Primary Care. Please refer any pregnant patient with a coil in situ (with or without lost threads) 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) at Ninewells for an urgent USS to locate the pregnancy +/- the device.

## 'Lost' IUC threads pathway (Part 1): patients not requesting removal or replacement



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



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

# IUC removal with “lost threads”

## Analgesia

- Oral analgesia half an hour before the procedure (type according to the patient’s preference) +/-
- Lidocaine 10% spray or Scandonest® LA injection for tenaculum site +/-
- Apply cervical block (type according to clinician’s preference) +/-
- Relaxation/ breathing exercise.

## Procedures

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

1. Routine pre-assessment for IUC 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). There is usually no need for a tenaculum at this stage:
  - ✓ An endocervical brush (for example “Cervibrush”) could be inserted gently into the cervical canal to try to bring down the threads with a rotating (twirling) movement.
  - ✓ An Emmett thread retriever\* could be inserted in the cervical canal and gently rotated to trap the threads, snag them and bring them down.
  - ✓ 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.
4. If attempt unsuccessful and not competent to explore intrauterine cavity: please refer electronically to TSRHS via SCI Gateway.

### After a recent<sup>1</sup> USS confirmed an intrauterine IUC within the uterine cavity (without being embedded or partially perforated)

1. Consent patient and discuss possible pain, bleeding, perforation and vasovagal reaction and failure to retrieve the device (completely).
2. Repeat Step 3 as above.
3. A flexible plastic uterine sound\* could be used to “feel” and therefore the device within the uterine cavity.
4. Use a tenaculum to straighten the cervical canal.
5. Gentle dilatation of the internal cervical os with a (tapered/ graded) plastic dilator\* or os finder\* might be needed.
6. An Emmett thread retriever could be inserted up to the uterine fundus and gently rotated to trap the threads and bring them +/- the device down. Begin at the fundus and twirl along anterior then posterior uterine wall, from fundus to canal. Consider repeat on the lateral walls.

---

<sup>1</sup> A pelvic USS done within the three to six months prior to the appointment would usually be regarded as “recent” but the final decision if a less recent USS needs to be repeated lies with the clinician.

7. A Hartman's IUD retrieving (crocodile or alligator) forceps\* could be inserted into the uterine cavity to feel for the device, catch the threads or device and remove it. Gently open, turn 90 degrees and close the jaws at progressive depths and withdraw until getting hold of the IUC threads, stem or arm. Explore the cavity systematically (anterior wall- posterior wall- right- left).
5. If attempt unsuccessful or poorly tolerated: please refer electronically to TSRHS via SCI Gateway.

\* 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
IUC	intrauterine contraception or contraceptive
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
UPSI	unprotected sexual intercourse
USS	ultrasound scan
VE	vaginal examination

