

**STANDARDIZED PROCEDURE**  
**INTRAUTERINE DEVICE/INTRAUTERINE SYSTEM INSERTION**  
**(Adult, Peds)**

**I. Definition:**

Intrauterine placement of the Paragard® IUD or Mirena® IUS for long term contraception.

**II. Background Information**

**A. Setting:**

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

**B. Supervision:** The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

**C. Indications**

Patients desiring long term contraception.

**D. Precautions/Contraindications**

The following conditions are contraindications for IUD/IUS placement:

1. Known or suspected pregnancy
2. Uterine didelphys
3. Untreated cervical, uterine or adnexal infection
4. Unexplained abnormal vaginal bleeding

The following conditions are relative contraindications for IUD/IUS placement. Patient counseling and/or medical consultation is warranted:

1. Fibroids or uterus sounding <6cm or >10cm
2. Multiple sexual partners or other risk factors for STIs
3. Previous ectopic pregnancy
4. History of pelvic inflammatory disease
5. Impaired immune system
6. Menorrhagia or severe dysmenorrhea (Paragard® only)
7. Allergic to copper (Paragard® only)

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8. Liver disease or liver tumor (Mirena® only)
9. Current or history of breast cancer (Mirena® only)
10. Allergic to levonorgestrel (Mirena® only)

**III. Materials**

1. Mayo Stand,
2. Sterile field
3. Clean gloves
4. Sterile gloves
5. Speculum
6. Povidone iodine swabs or other antiseptic
7. Single toothed tenaculum
8. Intrauterine sound
9. Paracervical block (if needed)
10. Paragard® or Mirena®
11. Long handled scissors.

**IV. IUD/IUS Insertion Procedure**

**A. Pre-treatment evaluation**

1. Negative cervical cultures within past 3 months.
2. Benign Pap smear in past year or mildly abnormal Pap with appropriate follow up.
3. Negative pregnancy if not currently using hormonal contraception.

**B. Set up**

Mayo stand with sterile field containing opened, sterile tenaculum, open sterile uterine sound, open intrauterine device/system and paracervical block if required. Clean area with clean gloves, unopened sterile gloves, povidone iodine swabs.

**C. Patient Preparation**

1. Perform a time out with all the appropriate steps. Explain the steps of the procedure to the patient. Advise that she may experience moderate cramping during the insertion. Patient may pre medicate with 400mg of ibuprofen or similar OTC analgesic prior to appointment if desired.
2. Discuss anticipated changes in menstrual cycles with IUD/IUS use.

**D. Procedure**

1. Using clean gloves, perform bimanual exam to determine uterine size and position.
2. Insert largest appropriate speculum for maximum cervical exposure. Consider covering the speculum with a condom if redundant vaginal mucosa occludes the cervix.
3. Cleanse the cervix with povidone iodine or other antiseptic.
4. Using sterile gloves, withdraw the IUD/IUS into the cannula per system directions.
5. Apply the tenaculum to stabilize the cervix.

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6. Gently sound the uterus. Consultation is required if the uterus sounds <6cm or >10cm. Paracervical block and/or cervical dilation may be necessary if the sound does not easily pass through the internal cervical os.
7. Insert the IUD/IUS into the uterine cavity according to device specific instructions.
8. Cut strings to appropriate length.

**E. Post-procedure**

1. Assess the patient for comfort and stability. Observe for signs of vasovagal reaction.
2. Instruct the patient to observe pelvic rest for 1-2 days or until comfortable.
3. Advise the patient to anticipate intermittent uterine cramping for 1 day to 1-2 weeks. May use NSAIDs PRN for relief.
4. Instruct patient how and when to check for IUD/IUS strings.
5. Instruct the patient to observe for abnormal bleeding or signs/symptoms of infection, (i.e. fever/chills, severe abdominal cramping, abnormal or odorous vaginal discharge) and to call if any problems arise.
6. Review anticipated changes in menses with IUD/IUS use.

**F. Follow-up treatment**

Follow up appointment in 1-3 months or PRN.

**G. Termination of treatment**

After normal follow up visit, patient is followed per usual gynecology protocols.

**V. Documentation**

**A. Documentation is in the electronic medical record**

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, consent, indication for the procedure, procedure, type used, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

**B. All abnormal or unexpected findings are reviewed with supervising physician.**

**VI. Competency Assessment**

**A. Initial Competence**

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
  - a. Medical indication and contraindications of IUD/IUS insertion.
  - b. Risks and benefits of the procedure
  - c. Related anatomy and physiology

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- d. Consent process (if applicable)
  - e. Steps in performing the procedure
  - f. Documentation of the procedure
  - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under direct supervision.
  4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without supervision.
  5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

**B. Continued proficiency**

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

**VII. RESPONSIBILITY**

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

**VIII. HISTORY OF POLICY**

Revised May 2012 by Subcommittee of the Committee for Interdisciplinary Practice

Reviewed May 2012 by the Committee on Interdisciplinary Practice

Prior revision October 2008

Approved May 2012 by the Executive Medical Board and the Governance Advisory Council.

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