



Intrauterine system (IUS) patient information leaflet

What are Mirena and Levosert coils (IUS)?

The Mirena and Levosert coils are small plastic T-shaped devices which sit in the womb (uterus) and locally release a small amount of progestogen hormone within the uterine cavity. You may hear these devices often referred to as intrauterine systems (IUS).

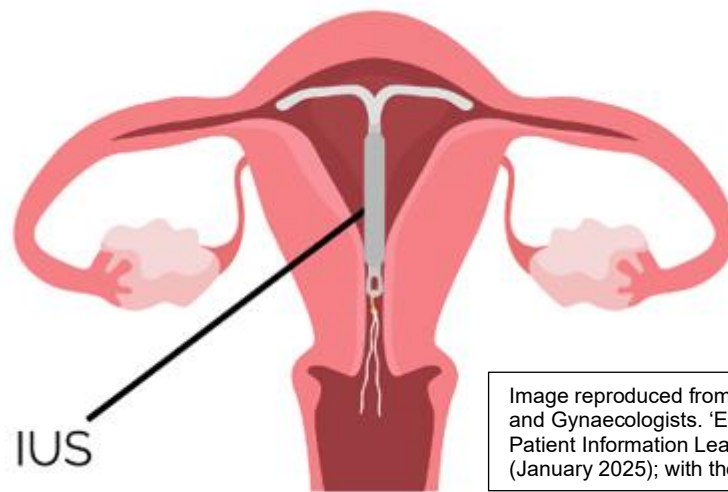


Image reproduced from: Royal College of Obstetrician and Gynaecologists. 'Endometrial Hyperplasia' Patient Information Leaflet. London: RCOG, (January 2025); with the permission of the College.

What are they used for?

There are various reasons that you may be offered a hormone coil. Including the below:

Contraception – Mirena and Levosert coils are 99% effective as a contraceptive device for 8 years. Fertility will return to normal almost immediately following the removal. They work by thickening the fluid which is produced by your cervix (cervical mucus), which makes it difficult for sperm to get through to the egg, and by keeping the lining of your womb thin, which prevents a pregnancy from implanting.

For treatment of heavy periods – The hormone in the coil makes the lining of your womb thinner, so there is less bleeding every month. This can make your periods lighter, shorter or stop altogether, so it may help women who have heavy or painful periods. It can reduce bleeding by up to 90%, which can take on average 3-6 months for full effect and can be effective for 5 years.

As a form of Hormonal replacement therapy (HRT) to treat symptoms of menopause – The Mirena IUS releases progestogen hormone locally and protects against abnormal thickening of the womb lining. Mirena IUS can be used for 5 years as the progesterone part of combined hormone replacement therapy (HRT).

How is the IUS fitted?

The IUS should be fitted within 1 week of the start of your period, providing immediate protection against pregnancy. However, it can be fitted at any time if you are certain that you are not pregnant and you are advised to use condoms for the next 7 days.

Before the coil can be fitted you will need to provide a urine sample to confirm a negative pregnancy test if you are 55 years of age or under.

The Mirena or Levosert coil is usually fitted at your GP surgery or in an outpatient department, mostly without local anaesthesia.

During the procedure, you will have a vaginal examination. An instrument called a speculum is inserted into the vagina, similar to having a smear test. A small instrument is then gently inserted to measure the length and position of the womb. The coil is then fitted using a special insertion tube that passes through the cervix into the womb. The small threads attached to the bottom of the coil are then trimmed.

The procedure usually only takes a couple of minutes, and although the insertion may feel uncomfortable, it is generally well tolerated and not very painful.

Post-insertion Advice

You may experience crampy, period-like pain following the fitting of the coil. You can take simple pain relief (paracetamol/ibuprofen) for this, or pain relief that is safe for you. You can also use a hot water bottle on your tummy to help.

You can still use tampons or menstrual cups if you have a hormone coil fitted. You can return to normal activities, including exercise, when you feel able.

Hormone coils take up to 7 days to work effectively as contraception, so if you have sex in the first 7 days, you will need to use additional contraception such as condoms. To reduce the risk of infection, it is advisable to avoid sex or tampons in the first few days following insertion.

Added benefits

- It can be taken out at any time by a specially trained healthcare professional, and your fertility quickly resumes as normal.
- It can be used by women who can't use the combined contraception (such as the combined pill), for example, those who suffer from migraines.
- Once the IUS is in place, you do not need to think about contraception every day or each time you have sex.
- Mirena can be used as the progesterone part of the HRT for 5 years.

The IUS can be inserted for other conditions like endometriosis and adenomyosis that your doctor or Nurse may discuss, but these will be on an individual basis.

What are the disadvantages of the IUS?

Although many women with an IUS have no problems, the following may occur:

Irregular bleeding – may occur for the first 3-6 months on average but usually settles down. It is usually light spotting of blood which some women can find a nuisance.

Expulsion – rarely, the IUS may come out without you noticing. A coil can sometimes fall out; this is more common in the first few weeks following insertion

Uterine perforation – Fitting an IUS can very rarely cause uterine (womb) perforation i.e. a false passage in the uterus. In this case Mirena IUS may migrate to the abdominal cavity. This is a rare complication of this procedure.

Are there any side effects/ risks?

Side effects are uncommon. The progestogen released by the IUS mainly stays around the uterus, and very little gets into the bloodstream. This makes the side effects associated with the IUS is less common than with other progestogen forms of contraception, i.e. the progestogen-only pill and the contraceptive injection or implant.

However, if side effects do occur, they tend to develop just in the first 3-6 months on average and tend to ease and go away.

Occasionally, women may develop functional or simple ovarian cysts (small fluid-filled sacs on the ovaries), which are not dangerous. These usually cause no symptoms and will go away on their own.

There are some women for whom the IUS is not suitable, including women with

- Allergy to levonorgestrel
- Suspected pregnancy
- Unexplained vaginal bleeding (unless you are having this investigated at the same time)
- Pelvic inflammatory disease (current or within the last three months)
- Changes to the shape of the womb, for example, due to fibroids or natural differences in shape
- A small womb

Who cannot use the IUS?

Your doctor or Nurse will discuss any current and past medical history. Some illnesses may mean you cannot use progestogen-based contraceptives, including LNG-based IUS, Mirena and Levosert. These illnesses may include recent breast cancer, very large fibroids or an infection which has not been treated. Overall, the number of women who cannot have an IUS is small.

Checking your Coil Threads

It is recommended to check your coil is in the correct place by feeling for your coil threads 6 weeks following insertion and then monthly. We do not recommend you check for this straight after insertion. If you are happy that you can feel the threads, no follow-up is needed.

Technique for checking your threads:

- Wash your hands
- Either sit or squat
- Insert your index finger into your vagina until you can touch the cervix (which should feel like the tip of your nose)
- If you can feel the threads of the coil, then your coil is in place

- If the coil threads feel longer or shorter than the previous time you checked, or you cannot feel them at all, then the threads may be curled up inside the neck of the womb, fallen out or rarely your coil may have moved
- If you are unable to feel the threads or you do not feel comfortable checking the threads yourself, contact your GP surgery, who can arrange an appointment to check for the threads to make sure the coil is in the correct place. Until you have been seen, consider using an alternative method of birth control (e.g. condoms). Sometimes, if your GP is unable to see the threads, you may be offered an ultrasound scan to check for the position of the coil and to make sure it hasn't fallen out.

Occasionally, women report that their partner can feel the threads during sex. If this happens, you can contact your GP and ask for the threads to be trimmed.

How is it removed?

Your Hormone Coil can usually be easily removed by your GP or nurse by grasping the threads and pulling it out gently. The IUS must be removed by a trained healthcare professional.

What else should I know?

Fertility returns as soon as it is removed. If you plan to have it removed but do not want to get pregnant, then use other methods of contraception, i.e., condoms, from seven days before it is removed. This is important because sperm can last up to seven days in the vagina after having sex.

If you have severe pain or feel unwell following insertion of your coil, you should seek medical advice from your GP, NHS 111 or in an emergency A+E/ Gynaecology assessment unit.

If you have concerns or would like to discuss your options further, please talk to your GP, who will help you consider the risks and benefits of using a Hormone Coil.

For any further information:

Gynaecology Outpatient Department

Monday to Friday 08.00 – 17.00

Good Hope Hospital: 0121 424 9354

Birmingham Heartlands Hospital: 0121 424 1104

Solihull Hospital: 0121 424 5382

Out of hours Monday to Friday 17.00 – 08.00 and weekends/ bank holidays

Contact the Gynaecology Assessment Unit

Good Hope Hospital: 0121 424 7747

Birmingham Heartlands Hospital: 0121 424 3505

References – additional reading

- Electronic medicines compendium (EMC). Mirena – patient information leaflet (PIL), Available at <https://www.medicines.org.uk/emc/product/1132/pi> (Accessed 10/04.2026).
- British menopause society (BMS). Progestogens and endometrial protection. Available at: <https://thebms.org.uk/wp-content/uploads/2026/02/14-NEW-BMS-TfC-Progestogens-and-endometrial-protection-FEB2026-B.pdf> (Accessed 10/04.2026).
- Royal college of obstetricians and Gynaecologists (RCOG). Endometrial hyperplasia (patient information leaflet). Available at https://www.rcog.org.uk/for-the-public/browse-our-patient-information/endometrial-hyperplasia/?utm_source=chatgpt.com. Accessed: 10/04/2026).

Accessibility

To view this information in a different language or use text-to-speech reader visit www.uhb.nhs.uk, click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille, please email interpreting.service@uhb.nhs.uk.



How did we do? 😊 😐 😞

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you. www.uhb.nhs.uk/fft**

