

**MIRENA (levonorgestrel releasing intrauterine system or contraceptive)  
Insertion Checklist**

	<p>Verify that patient is a candidate for Mirena placement  <u>Ideal candidate:</u> no risk factors for pelvic inflammatory disease (PID)  <u>Contraindications:</u> pregnancy or suspicion of pregnancy; active cervical or endometrial infections; uterine anomaly</p>
	<p>Verify that patient has read Patient Education Material/Patient Package Insert          Obtain informed consent  <b>KEY POINTS FOR INFORMED CONSENT</b>  <u>Efficacy:</u> failure rate of less than 1%, comparable to female and male sterilization; continuous protection for up to five years  <u>Potential complications</u> during and after insertion: perforations (&lt; 1 %), expulsions or inappropriate locations (1 – 7 % first year of use); PID in first 30 days after insertion (&lt;1 %)  <u>Side effects:</u>          Most common is irregular uterine bleeding 1-3 months: frequent spotting; 1-6 months: reduced duration and amount of bleeding ; overall 90% reduction in menstrual bleeding ; after 12 months, about 20% of women have no bleeding, which is considered a benefit by many          Possible <u>hormonal side effects:</u> mood changes; acne; headache; breast tenderness; nausea; hirsutism ; no reported weight gain  <u>Health benefits:</u> reduction in bleeding (and related anemia); reduction in menstrual pain; reduction in ectopic pregnancies; effective for 5 years          Mirena does not protect against STDs</p>
	<p>Check supplies: lamp; gloves; area for sterile field; vaginal specula of various sizes available; antiseptic like betadine (if patient not allergic); tenaculum; ring forceps; uterine sound; dilators (as needed); long scissors for trimming string; cotton balls; ammonia inhalant in case of vasovagal reaction</p>
	<p>Consider oral analgesic or paracervical block or before insertion (optional)</p>
	<p>Establish size and position of uterus by bimanual examination</p>
	<p>Place vaginal speculum and cleanse cervix and vagina with antiseptic</p>
	<p>Insert sterile uterine sound to measure length of uterine cavity (6 to 9 cms optimal)</p>
	<p><b>Load Mirena</b>          Open sterile pkg          Release threads          Verify slider in furthest position away from you          Check that arms of system are horizontal          Pull both threads to bring Mirena into insertion tube (knobs at end of arms now close the open end of the inserter)          Fix threads tightly in cleft at near end of inserter shaft          Set upper edge of flange at the uterine sound measure</p>
	<p>Apply tenaculum to cervix to align cervical canal with uterine cavity, as needed</p>
	<p><b>Insert Mirena</b>          Hold slider with forefinger or thumb firmly in furthest position away from you          Move inserter through cervical canal into uterus until flange is about 1.5-2 cm from cervix (to give sufficient space for arms to open)          Hold inserter steady and release arms of Mirena by pulling slider back until it reaches mark (raised horizontal line)          Push inserter gently inward until flange touches cervix          Hold inserter so that Mirena stays in fundal position          Release Mirena by pulling down slider all the way          Remove inserter from uterus          Cut threads to 2.5 – 3 cms visible outside cervix</p>
	<p><b>Closing</b>          Assist client to sit up when she is ready (instrumentation of cervical os may cause vasovagal reactions, including fainting; have patient remain supine until she feels well and have her get up slowly and with assistance)          Summarize insertion and reinforce major points about Mirena          Stress importance of follow up in 1 – 3 months to check placement and address questions</p>

