

INSERTION TECHNIQUE OF THE IUD'S

"T" DE PLATA 200 (Normal and Mini)

"T" DE PLATA 375 NOVAPLUS (Maxi, Normal and Mini)

"T" DE COBRE 380 NOVAPLUS (Normal and Mini)

"T" DE PLATA 380 NOVAPLUS (Maxi, Normal and Mini)

- 1.- The physician must keep a strict asepsis during the insertion.
- 2.- The cervix will have to be viewed by means of a speculum and must be cleaned with an antiseptic solution. Its anterior lip must be held with a clamp. A smooth traction of the clamp will reduce the angle between the cervical and the endometrial canal facilitating therefore the introduction of a uterine sound. The clamp must remain in position during the time of insertion of the IUD, so that a smooth traction can be maintained on the cervix.
- 3.- The uterine sound must be introduced through the endocervical canal and upwards through the uterine cavity until it reaches the fundus. As soon as the direction and the length of the cervical and endometrial canal have been determined, the IUD can be prepared for its insertion.
- 4.- Perform the insertion following steps 1 to 7.

The best time for the insertion is during or immediately after the menstruation, because the cervix is dilated at its maximum.

Fig. 1

After sounding the uterus, open the bag to the half to uncover the movable top of the insertion tube. Adjust the top in such a way that the distance from the horizontal arms of the device to the inferior edge of the top corresponds to the measurement obtained with the uterine sound.

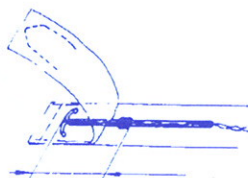


Fig. 2

Take the threads and stretch the device within the insertion tube until the tops of the horizontal arms cover the opening of the tube. Place the rod in the insertion tube while the other hand maintains threads tight. This assures that the polyethylene threads will remain straight in the insertion tube and they will not be held against the device by the rod.

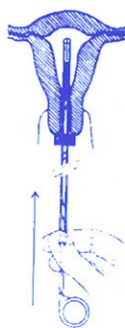
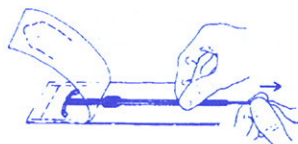


Fig. 3

The cervical canal until the top contacts with the cervix. Before the insertion the tube can be curved according to the position of the uterus. The curvature must be done in the sterile bag before the device has been placed inside the insertion tube.

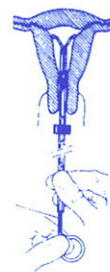


Fig. 4

Check the fluted side of the rod. Free the arms of the device by sliding the tube of insertion of the rod until the edge of the same touches the fluted part of it. Make sure that the distance between the top and the cervical entrance is now of about 15 mm.

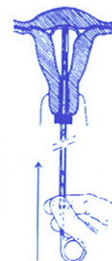


Fig. 5

Push the device by means of the insertion tube and the rod, until the top gets in contact with the cervix again.

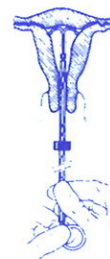


Fig. 6

Very important !

Free the device completely out of the insertion tube, pulling it downwards until the rod gets completely into the tube. Remove the rod maintaining the insertion tube in its position and then, remove it carefully. Verify that the polyethylene threads run freely within the tube and that they do not drag the device of its position.

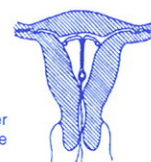


Fig. 7

Cut the polyethylene threads in order that 2 cm. of them are visible outside the cervix.

IMPORTANT !

If you suspect that the device is not in the correct position, draw it and insert a new one. Use a new sterile device for the new insertion.

Controls

The doctor will make a first control after the first menstruation after the insertion. Later on, new exams will be performed every six or twelve months.

Extraction

It is more advantageous to do it during the menstrual period, because the cervix is slightly expanded. After placing the speculum to view the uterine neck and by using a clamp, perform a smooth and continued traction of the thread, until the total extraction of the IUD.

CONTRAINDICATIONS

Absolute

- Pregnancy
- Pelvic Inflammatory Disease (PID)
- Acute Cervicitis
- Post partum endometritis or abortion
- Abnormal genital hemorrhage
- Gynecological malignant pathology
- Congenital anomalies of the uterus
- Uterine Leiomyomatosis
- Allergy to copper
- Wilson's disease

Relative

- Severe Dysmenorrhea
- Disorders of blood coagulation
- Vascular cardiac disease

SECONDARY EFFECTS

- Pregnancy (around 2 %)
- Spotting between menses
- Possible menstrual hemorrhages, more intense and/or prolonged
- Possible abdominal pain
- Partial or total expulsion
- Pelvic inflammatory disease (PID)
- Uterine puncture

CONTRACEPTIVE LIFE

International bibliography recommends not to surpass five years of insertion in the active copper IUDs.