Management of lost intra-uterine device (IUD) threads

Woman presents – IUD ‘lost’ threads

Take menstrual and sexual history, exclude pregnancy
Provide alternative contraception and/or post coital contraception if indicated by history

WOMAN PREGNANT
Refer to Early Pregnancy Unit for rapid access to ultrasound scan, EPU will assess viability of pregnancy, site, gestation, number
If IUD present in uterus and under 12 weeks’ gestation attempt at removal should be offered using careful exploration of the canal. *Important: see below* and **

WOMAN NOT PREGNANT
Explore the cervical canal with narrow artery forceps or Emmet’s thread retriever

Threads retrieved from canal and no device felt in canal – no further action if asymptomatic

If reports low/misplaced in cavity manage case by case, depends on symptoms and degree of displacement

Threads not located – recommend alternative contraception until ultrasound scan performed
Refer for Ultrasound Scan

IUD not seen in uterus
Plain abdominal x-ray

Device in abdominal cavity – requires laparoscopy to remove
Laparotomy may rarely be required if the device firmly adhered to the surrounding tissue

Device correctly located in uterus – leave in situ until due to be removed

Explore the cervical canal with narrow artery forceps or Emmet’s thread retriever
If procedure not offered in primary care or attempt unsuccessful refer to C&SH by letter with scan result
(Occasionally may require referral to OUH if removal not successful at C&SH)

IUD not located - implies unrecognised expulsion
Offer replacement contraception

*From FSRH Clinical Effectiveness Unit Guidance November 2007
Women who become pregnant with an intrauterine contraception in situ should be informed of the increased risks of second-trimester miscarriage, preterm delivery and infection if the intrauterine method is left in situ. Removal would reduce adverse outcomes but is associated with a small risk of miscarriage

If the threads are visible, or can easily be retrieved from the endocervical canal, the intrauterine contraceptive should be removed up to 12 weeks’ gestation.

**If IUD is NOT removed in first trimester flag in notes/to woman’s health carers for delivery/to woman herself that IF the IUD is not positively identified at delivery (ie is not expelled and seen) then a plain abdominal Xray should be performed post partum.

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