

Prevention and Management of IUD Complications Q's & A's

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1. Hi, do you know who manufactures the reusable set of 3 os finders that you mentioned?

Answer: I don't have that at my fingertips but if you just do as a search term os finders on your computer, you will find a number of companies, I even think there was one of the companies that has them available on Amazon. You do not need to have a prescription or have a physician order or that sort of thing to be able to buy them. But I know that when I helped to buy them for San Francisco General a few years ago I just Googled it and found two or three different companies that made them. They're not very expensive. We like the ones that could be sterilized and reusable rather than the disposable ones, but both are available.

2. How long after a chlamydia infection is diagnosed and treated would you place an IUD? PDPT was given also.

Answer: So the answer is, if we're strictly talking about a cervical chlamydia infection, we're not talking about chlamydial PID, I would say within 48 hours, basically. We know that when we use Azithromycin to treat chlamydia that it works fairly quickly, and there's a small but reasonable amount of evidence which says that once you've treated the chlamydia appropriately, that within 48 hours it should be entirely dead, and that it would be reasonable to do an IUD placement in that circumstance.

Now it is a little different in a woman who's been treated for PID, and in fact, that very issue is dealt with in the CDC selected practice recommendations. There we have very little data, but the recommendation is to wait somewhere between four and six weeks after PID has been fully treated before a woman has an IUD insertion. But if it's strictly lower tract chlamydia, I would say either chlamydia or gonorrhea, once it's been treated, that within a few days afterwards that a patient should be able to have her IUD placed. PDPT, patient delivered partner therapy was given at the time of her chlamydia diagnosis and treatment so that's wonderful.

3. If a patient has a pap that is HSIL, would you wait to insert IUD until after colposcopy and treatment?

Answer: there's not a hard and fast rule about that. In the past we said if a woman was diagnosed with high SIL that we should not do an IUD placement, that she should wait until she's treated, until after she's treated, rather, because of the fact that the treatment, whether it's a cryotherapy or a LEEP, or a comb for that matter, has some likelihood that the IUD string is going to fracture. And it has no effect at all on the fact that the IUD is not going to make high SIL worse or more difficult to treat or any of that kind of stuff, it's really all about the treatment fracturing the string.

The reality is though that we can do some things before we do a cryo or before we do a LEEP where we push the string up the canal, do the procedure, and then try to bring the string back down where we avoid that problem. So I think you can go either way. I think if a patient has a diagnosed high SIL, doesn't want to take any risk at all about her string fracturing, then she can go ahead and have her treatment with the cryo or with the LEEP and then delay the IUD insertion.

But on the other hand, if the patient really wants to have an IUD inserted or if she already has an IUD, you can absolutely do the cryo or the LEEP with the IUD in place, try to tuck the string up the canal, and by the way, what if the string breaks? No big deal, it just means that once a year you do an ultrasound to make sure that the IUD hasn't fallen out. So it's actually not a problem at all if the IUD is in place at the time that she's treated and the string breaks.