

COMPLICATION OF INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)

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SUMMARY

A five year retrospective study of 1314 cases of IUCD insertion was performed in Gynae outpatient department of Postgraduate Medical Institute, Lady Reading Hospital, Peshawar. 832 patients had Copper T insertions and 482 had lippes loop. A total of 890 cases reported minor complications, six perforated the uterine wall and entered the peritoneal cavity.

INTRODUCTION

Intra uterine contraceptive device is one of the most effective and reversible contraceptive methods in developing countries. Nearly 85 million women throughout the world are using IUCD. Out of this 56 million are in China.¹ In Vietnam and Korea it is still the most commonly used contraceptive method. IUCD use has declined in USA and UK because of the introduction of other reversible methods of contraception, like oral contraceptive pills and injectable hormones, etc.^{2,9,10}

In Pakistan, especially in rural areas, as women are not educated well, IUCD is the most acceptable method of contraception: it is safe, cheap and easy to use.

MATERIAL AND METHODS

Every year, almost 2000 women attend the family planning clinic in postgraduate Medical Institute, Lady Reading Hospital Peshawar. A statistical record of the last five years of all the patients, using various types of contraceptives is maintained. We analyzed 1314 patients and their complications with various types of IUCDs (Table 1).

Women reporting minor complications with IUCD were treated as out-patients, while those with major complications were admitted in the Gynae ward and investigated further and managed accordingly (Table 2).

RESULTS

Of 1314 patients studied, 348 cases reported with some problem with a complication rate of 39%. Spontaneous expulsion occurred in 113 cases, mostly during the first year of insertion. About 86(9.6%) cases complained of colicky pain after few days of insertion. Pain might have been due to partial perforation, infection or wrong insertion. Sixty (6.7%) cases complained of irregular bleeding per vagina.

39 patients encountered mild pelvic infection while one patient developed

TABLE-1
IUCD

No.	IUCD	No.
1.	Copper T	832
2.	Lippes loop	482
Total		1314

pelvic abscess and peritonitis after IUCD insertion, i.e a total of 40 cases had pelvic infection with an infection rate of 4.4%.

Twenty six (2.9%) patients conceived within 3-6 months after insertion. One case presented with ectopic pregnancy. In this study, in 6 cases coil had perforated through uterine wall into the peritoneal cavity and had to be removed via laproscope.

DISCUSSION

IUCDs suits majority of the women. But few experience minor disturbances, eg pain in lower abdomen and menstrual discharge. Increased menstrual bleeding with pain is the most common problem after IUCD insertion, it can also be due to pelvic inflammatory disease (PID).³

Copper T and unmedicated IUCDs increase the volume of menstrual bleeding per cycle, probably because the IUCD disturbs the blood vessels or alters the normal blood clotting mechanism in endometrial lining of the uterus.⁴

One of the major complications with IUCD is infection.⁵ The incidence of infection is quite high in those women who are exposed to sexually transmitted diseases or post-partum or post-abortion insertions. PID is the most serious problem with coils. This may partially or totally block one or both tubes, thereby increasing the chances of ectopic pregnancy and infertility. These patients usually have chronic pelvic pain. The common infective organisms are E coil, Proteus and Chlamydia.

Pelvic infection rate is controlled by strict aseptic measures, proper timing of coil insertion, treating PID with antibiotics and employing better techniques.

TABLE-2
COMPLICATIONS

Complications	Copper T	L. Loop	Total
Expulsion	65	48	113 (12.6%)
Pain	60	26	86 (9.6%)
Bleeding	46	14	60 (6.7%)
Infection	24	16	40 (4.4%)
Pregnancy	16	10	26 (2.9%)
Partial Perforations	6	10	16 (1.7%)
Misplaced	1	5	6 (0.6%)
Ectopic pregnancy	—	1	1 (0.1%)
Total	218	130	348 (39%)

IUCDs provide less protection against ectopic pregnancy. Spontaneous abortion and infection may occur in IUCD users, who may conceive after IUCD insertion.

GIT complications with intraperitoneal IUCD has been reported in the literature, e.g. small bowel infarction, strangulation by thread, IUCDs associated appendicitis and large bowel perforation.^{6,7}

The most serious complication of IUCD is perforation and migration into the peritoneal cavity, causing inflammatory reaction, strangulations, large bowel perforations and infarction.¹¹ It is, therefore, recommended that intraperitoneal IUCDs should be removed immediately once the diagnosis is confirmed.^{8,12}

Correct and urgent management of the missing coil is essential to prevent serious complications associated with it. Ultrasound scan should be performed to see whether part or all of the device lies within the uterine cavity. If the intrauterine position of the coil is

confirmed, coil can easily be removed with a hook or forceps. If coil is not seen with in the uterus, plain abdominal radiographs in two planes should define the position. Film of the whole abdomen may be necessary. A uterine marker e.g. a second intrauterine device is desirable. If the device is suspected to be intra-peritoneal then diagnostic laparoscopy should be performed. Laparoscopic removal of misplaced or migrated IUCD is possible in most cases, thereby reducing the need for laparotomy, otherwise laparotomy is the last choice.

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