IUCD insertion

To the Editor:
I thought the article on intrauterine contraceptive device (IUCD) insertions in the Canadian Journal of Rural Medicine was excellent. I share an IUCD clinic biweekly with a colleague for our local non-profit sexual health clinic and we do about 40 IUCDs each month. We are a referral service for our community and have a protocol where the patient first comes for an education session and prescreening visit, during which we check for Trichomonas vaginalis, bacterial vaginosis, Chlamydia trachomatis and gonorrhea of the cervix. Then they have their insertion visit 10–14 days later, and 3 weeks later we do a follow-up to assess patient satisfaction and to check for infection. Another device I use in my equipment list is something called an os finder, which is very helpful in nulliparous women. We also keep our emergency protocols up to date and have oxygen nearby. I have rarely had to use intravenous atropine 0.5 mg for a prolonged symptomatic bradycardia.

One thing that is different from your article is that we have followed the literature in the CMAJ and rate the Flexi-T for 5 years. We have also communicated directly with the Prosan quality assurance department and they state that the duration of use on all 3 Flexi-T IUCDs (the 300, the +300 and the +380) is 5 years. If you have information that contradicts that I would very much appreciate it so that we can change our recommendation.

Anna Mason, MD
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References
1. Hutten-Czapski P. The occasional intrauterine contraceptive device insertion. CMAJ 2008;176:953-61. “Two types of intrauterine devices and systems are currently available in Canada: copper intrauterine devices (Nova-T orFlexi-T 300) and a levonorgestrel-releasing intrauterine system (Mirena). Intrauterine devices and systems have multiple mechanisms of action, but the chief one appears to be prevention of fertilization (Table 1).” Both types are highly effective up to 5 years.

[Dr. Hutten-Czapski replies:]

Thanks for the kind words, Dr. Mason.

Clearly, just like medications, IUCDs don’t stop being effective the day after their licensed expiry. The effectiveness studies that I have found for the Flexi-T (also known as Cu-Safe 300) showed that at 1 year the product appears to have a favourable effectiveness rate, including an accidental pregnancy rate of only 0.5% and 0.6% in different studies. At 5 years the rate has been reported in different studies at about 2.8 cumulative pregnancies per 100 women (Perl index of 1.0). There was no study retrieved in an Index Medicus search for evidence of effectiveness at 5 years, and thus the failure and complication rate at that time is unknown to me. The manufacturer’s package insert at the time I wrote the article stated, “it is recommended to replace the Flexi-T(+) by a new one after 3 years.”

I had not noticed until now that the manufacturer has subsequently changed their packaging insert where the wording is now, “it is recommended to replace the Flexi-T(+300/380) by a new one after five years.” Thank you for correcting me on this important issue as the risks of the IUCD are almost entirely related to insertion — thus they should not be routinely replaced ahead of time. The only caveat is that it is not clear if the performance continues along the lines of the T 380A (2.2 pregnancies per 100 women after 12 years, yes 12) or along those of the Nova-T 200 (12.3 pregnancies per 100 women at 5 years).1

The irony is that a version of the T 380 (the Ortho Slimline) was developed in Canada and sold until 1999 when the Nova-T became our only remaining available IUCD. Currently the T-Safe 380A is available in the United Kingdom along with many other competitors, but not the Nova-T 200, which was taken off the UK market in 2001.2

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References
2. Fisher WA, Black A. Contraception in Canada: a review of method choices, characteristics, adherence and approaches to counseling. CMAJ 2007;167:953-61. “Two types of intrauterine devices and systems are currently available in Canada:

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