



I want my Mirena out!

To the Editor: The levonorgestrel-releasing intra-uterine system (Mirena) has been available internationally for the last 16 years,¹ and in South Africa for the last 6 years. An audit of local experience with the device in private practice² has confirmed the excellent results with regard to contraception and menorrhagia; it has certainly had a positive impact on many aspects of gynaecological practice. The device costs R1 744.50 at present, and therefore unlike other methods of contraception, from a financial point of view patients have to think carefully before removing the system. I have audited the Mirena insertions and removals in my private practice over the last 6 years. A total of 423 devices have been inserted, with 39 devices removed. It is interesting to note that the removal rate of 9% correlates fairly closely with the percentage of patients found to be unhappy with the device in previous papers.³ Most patients gave more than one reason for wanting the system removed and these are tabulated below (Table I).

This audit of a solo clinical practice confirms the excellent compliance that patients have with the levonorgestrel intra-uterine system. In contrast with oral contraceptives where 40 - 60% of first time users discontinue their pill in the first year,⁴ less than 9% of patients removed the device over a 5-year period. It must also be highlighted that 8 devices were removed in order to plan a further pregnancy and 5 were removed for re-insertion; furthermore it is possible that some women may have had the IUCD removed elsewhere. An audit done by Schering (SA) revealed a 78% continuation rate over 5 years (second segment 1988 audit, Schering (SA) — personal communication). This discrepancy may be explained by the enthusiasm of the various clinicians with regard to the post-insertion education, support and follow-up. None of the dissatisfied patients who had the IUCD removed have opted for re-insertion. Several of the reasons noted for removal such as acne, mastalgia, ovarian cysts and dysfunctional bleeding are progestogenic effects that are often self-limiting. These

Table I. Indications for removal of Mirena

Indications	N
Dissatisfied patients	
Dysfunctional uterine bleeding	10
In order to conceive	8
Abdominal pain	7
Ovarian cysts	7
Repeat Mirena insertion	5
Smelly discharge	5
Acne	4
Weight gain	3
Thrush	2
Mastalgia	2
Loss of libido	2
Bloating	1
Deep dyspareunia	1
'Unnatural' method	1
Psoriasis deterioration	1
Backache	1
Insomnia	1
Strings felt by partner	1
Depression	1
Amenorrhoea	1
Satisfied patients	
In order to conceive	8
Repeat Mirena insertion	5

conditions can be individually treated with modalities such as antibiotics and oral systemic progestogens. It is my experience, however, that if the patient wants her Mirena 'out', take it out!

Martin Puzey

Cape Town Medi-Clinic
Oranjezicht

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2. Puzey M. The effects of the Mirena intra-uterine system on a private gynaecological practice. *O & G Forum* 2001; Oct.: 4-6.
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4. Monsour D. Yasmin a new oral contraceptive, a new progestogen: the reasons why. *Eur J Contracept Reprod Health Care* 2000; **5**(3): 9-16.