



IUD REMOVAL

DEFINITION	This protocol covers the steps to follow in removing a client's IUD.
SUBJECTIVE	Must include: <ol style="list-style-type: none">1. LMP.2. Medical, sexual history, and contraceptive use history update, as appropriate.3. History of any recent intercourse, if client not currently menstruating.4. Documentation of reason for IUD removal request.
OBJECTIVE	May include: <ol style="list-style-type: none">1. BP.2. Pelvic exam.
LABORATORY	May include: <ol style="list-style-type: none">1. Sensitive urine pregnancy test if client not menstruating. (If test positive, see IUD Complications.)2. Hemoglobin (if history of excessive bleeding).
ASSESSMENT	IUD removal candidate.
PLAN	<ol style="list-style-type: none">1. May medicate with 400mg-800mg of Ibuprofen 30 minutes prior to removal.2. If IUD strings visible:<ol style="list-style-type: none">a. Remove IUD (see Contraceptive Technology IUD removal technique). Grasp the strings close to the os and steadily retract until IUD removed.3. If IUD string(s) missing or break during removal attempt, refer to IUD Complications. (CON-9-3).4. If IUD has been in place for more than 5 years for Mirena, more than 10 years for Copper T (Paragard) or if client has been experiencing any signs or symptoms of salpingitis (e.g., vaginal discharge or lower abdominal pain), consider testing IUD or IUD scrapings for actinomycosis.5. If client desires contraception, options available are:<ol style="list-style-type: none">a. If client has re-qualified for an IUD, may insert another IUD this same visit.b. Provide another birth control method. (Refer to chosen method protocol.)
CLIENT EDUCATION	<ol style="list-style-type: none">1. Review educational handout(s). Review symptoms, complications, and danger signs.2. Review safer sex education, if appropriate.3. If client seeking pregnancy, provide preconceptual counseling.4. Recommend client RTC annually or PRN for problems.
CONSULT /	<ol style="list-style-type: none">1. Client who requires antibiotic prophylaxis against endocarditis unless she has been previously evaluated by MD.

REFER TO PHYSICIAN	2. Client with difficult IUD removal. 3. Any client who is pregnant.
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Revised 07/08, 03/11

References:

1. Hatcher, R.A., Trussel, J., Stewart, F., Nelson, A.L., Cates, W., Jr., Guest, F., & Kowal, D. (2007). Contraceptive Technology (19 ed.). New York: Ardent Media, Inc. pp. 138-139.
2. Hatcher, R.A., Nelson, A.L., Ziemann, M., Darney, P.D., Stosur, H.R. (2010-2012). A Pocket Guide to Managing Contraception (10th ed.). Tiger, Georgia: Bridging the Gap Foundation. pp.88-93.
3. Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use (2nd ed.). (2000). Geneva: World Health Organization.
4. Pfenninger, J., & Fowler, G.C. Procedures for Primary Care Physicians (2nd ed.). Philadelphia:Elsevier: Mosby pp. 1129-1130.