



LEVONORGESTREL INTRAUTERINE DEVICE-ROLE IN HORMONE REPLACEMENT THERAPY **(Commonly known as Mirena)**

Women who require HRT and still have their womb need two hormones, Oestrogen and Progestogen-referred to as **combined HRT**.

Low or fluctuating levels of oestrogen can cause typical menopausal symptoms e.g. hot flushes, night sweats, mood changes. If you wish to take oestrogen then a progestogen is needed to protect the lining of the womb. If oestrogen alone is taken, or the dose of progestogen is inadequate, the lining of the womb may thicken, cause bleeding problems & an increased risk of endometrial cancer with long-term use. Progestogen thins the lining of the womb and reduces the risk of endometrial cancer.

Types of Combined HRT

If you are still having periods or it is less than a year since your last period, you should be prescribed HRT that gives you a daily dose of oestrogen, with the addition of progestogen for approximately 12 days each month. This is **sequential combined or cyclical HRT** which usually gives a monthly bleed, like a period. If your periods have stopped for at least a year or if you are postmenopausal, you are suitable for HRT that gives you both oestrogen and progestogen on a daily basis. This is **continuous combined HRT** which is designed to allow most women to be bleed-free after the first six months of use. Irregular, light bleeding is however common initially or on changing HRT regimes.

Levonorgestrel Intrauterine Device (LNG-IUD)

The LNG-IUD is a small T-shaped plastic device that can be inserted into the womb. The device contains a hormone sleeve gradually releasing a very low level of levonorgestrel, a progestogen. LNG-IUDs containing 52mg levonorgestrel (brand names **Mirena/Benilexa/Levosert**) are licenced for use as the progestogenic component of HRT (lower dose devices eg. Kyleena are not). Other uses of the LNG-IUD include contraception & treatment of heavy or painful periods.

LNG-IUD and Oestrogen Replacement

The LNG-IUD can be used in combination with oestrogen replacement given by any route and can provide the progestogen component of HRT for women who are still having periods or for those whose periods have stopped. It can be useful for perimenopausal or postmenopausal women who need contraception, have experienced progestogenic side effects or have problematic bleeding with other forms of HRT.

Advantages of the LNG-IUD as part of HRT

Minimises Side Effects of Progestogen

Many of the side effects of combined HRT are associated with the progestogen part of the treatment. These include irritability, breast tenderness, acne and irregular bleeding. With a LNG-IUD the progestogen acts locally within the womb and therefore levels in the bloodstream are extremely low, minimising progestogenic side effects.

Reduced or Absent Bleeding

The LNG-IUD alone can make your periods lighter, shorter and less painful or they may stop completely. This is normal. Women who use it as the progestogen component of HRT usually have little or no bleeding after the first 3-6 months when irregular light bleeding is common.

Contraception

The LNG-IUD is an effective long term method of contraception. It is still possible to conceive in the perimenopause and so it is recommended that women continue using contraception for 2 years if their last period was below the age of 50, or for 1 year if their last period was over the age of 50.

How is the LNG-IUD inserted?

The LNG-IUD is fitted by a trained healthcare professional. This is usually straightforward & performed in an outpatient clinic with local anaesthetic if necessary or under general anaesthetic/sedation. Some GPs and Sexual & Reproductive Health Clinics can offer insertion/replacement & removal.

It is important that there is no risk of pregnancy prior to insertion so you should avoid sex or use condoms for 3 weeks prior to insertion or from your last period if not on HRT. You will not be protected from pregnancy until 7 days after insertion.

Preparation for fitting takes a few minutes but the actual insertion of the device takes only a few seconds. If you are having heavy or irregular bleeding, the doctor may perform a transvaginal ultrasound scan and take a small sample of the lining of the womb prior to LNG-IUD insertion (endometrial biopsy). The LNG-IUD is fitted into the womb through the cervix (neck of the womb) using a specially designed inserter. It is common to experience mild 'period type' cramps on insertion and for a few days after the procedure. Rare complications include infection, perforation (making a small hole in your womb) and expulsion (device slipping down or coming out completely).

The LNG-IUD can be removed if you feel it does not suit you or when you no longer need it.

How long can I keep the LNG-IUD in place?

When used as part of HRT the LNG-IUD provides enough progestogen to protect the lining of the womb for 5 years from the date of insertion.

Women using a LNG-IUD for protection of the lining of their womb as part of a HRT combination must have the device changed **at 5 years** or add in additional progestogen. An LNG-IUD can be left in place after 5 years to minimise bleeding problems on a new regime even if the new preparation contains additional progestogen

For contraception only a 52mg LNG-IUD is licensed for **8 years** use.

www.womens-health-concern.org

[Mirena Coil and Menopause Facts - The Lowdown](#)