

2.9 IUC Complications – Bleeding Pattern Variations

DEFINITION Women with IUCs often experience a moderate increase in menstruation/bleeding, except with LNG releasing IUC; however, the clients need to be evaluated to exclude other sources of bleeding. Decision about management depends upon the client's clinical status. LNG releasing IUC users often experience amenorrhea.

SUBJECTIVE May include:

1. Intermenstrual bleeding with or without pain.
2. Heavy menstrual bleeding.
3. Prolonged menses.
4. Bleeding that is a nuisance to the woman.
5. Symptoms of anemia.

OBJECTIVE May include:

1. String(s) visible on speculum exam, string length noted.
2. Signs of anemia – pale conjunctivae, nail beds, pallor.
3. Evaluation of character and amount of bleeding.
4. Signs & symptoms of infection – pain with bimanual exam consistent with endometritis.

LABORATORY May include:

1. Hemoglobin/Hematocrit.
2. Sensitive pregnancy test
3. STD testing as indicated.
4. Wet mount

ASSESSMENT

1. Bleeding pattern variation with IUC.
2. Normal or abnormal hemoglobin/hematocrit.

PLAN

1. Hemoglobin/hematocrit normal:
Reassure client and have her keep a menstrual calendar.
Return to clinic in 2 months for re-evaluation.
2. Abnormal hemoglobin/hematocrit: See Abnormal Hematocrit Protocol.
3. Consider ultrasound with bleeding pattern variation greater than 6 months.
4. NSAIDs for bleeding.
5. May use combined oral contraception for bleeding irregularities.

CLIENT EDUCATION Reinforce IUC education.

REFER TO PHYSICIAN

1. Refer client with acute excessive blood loss to ER.
2. Per clinician discretion, refer for ultrasound.
