

5.5 INTRAUTERINE CONTRACEPTIVE (IUC) COMPLICATION: MISSING STRING(S)

TITLE	DESCRIPTION
DEFINITION:	If the IUC tailstrings are missing, it may indicate the tail strings were cut too short, the IUC has been expelled, that the tailstrings have been lifted into the endocervical or endometrial cavity, or that the IUC has perforated the uterus. Management differs depending upon the position/location of the IUC, if pregnant, or abnormal vaginal bleeding.
SUBJECTIVE:	Evaluate: <ol style="list-style-type: none"> 1. LMP. 2. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated). 3. Denies IUC expulsion. 4. IUC string(s) not felt.
OBJECTIVE:	Assess as Indicated: <ol style="list-style-type: none"> 1. Pelvic exam not consistent with intrauterine pregnancy. 2. Endocervical inspection may or may not reveal string(s).
LABORATORY:	Urine pregnancy test as indicated.
ASSESSMENT:	IUC string(s) not visible.
PLAN:	<ol style="list-style-type: none"> 1. Counsel on the options for alternate birth control methods until evaluation is complete. Offer another choice of birth control as needed. 2. Order pelvic u/s to determine location of intrauterine device. 3. If removal of IUC is necessary, offer another choice for birth control. Client may have another IUC inserted at this time if still desires IUC. 4. If any part of the IUC itself is found to be in the endocervical canal, remove IUC. Offer (EC) if client has had any intercourse within last 5 days. 5. All adolescent counseling must include: <ol style="list-style-type: none"> a. Abstinence. b. Ways to resist sexual coercion. c. Encourage family involvement. 6. Document client verbalizes clear understanding of information and counseling provided. 7. RTC as warranted based on history and findings. 8. If client is pregnant refer to Pregnancy Testing and Counseling: Positive Pregnancy Test Results and Counseling.
EDUCATION:	<ol style="list-style-type: none"> 1. Reinforce IUC education if client chooses to continue method or plans insertion of another IUC. 2. Recommend that client RTC annually and PRN for problems
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Any question of possible partial expulsion of IUC and further evaluation is needed. 2. Any unsuccessful attempt to remove IUC.

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REFERENCES:	<ol style="list-style-type: none"><li data-bbox="483 233 1419 296">1. <i>Hatcher RA, et al (editors). Contraceptive Technology, 20th Ed. New York: Ardent Media. 2011.</i><li data-bbox="483 296 1349 359">2. <i>Speroff L, Darney PD (editors). A Clinical Guide for Contraception, 5th Ed. Philadelphia: Lippincott Williams & Wilkins. 2011:256-7, 265-6.</i><li data-bbox="483 359 1386 390">3. <i>U.S. Selected Practice Recommendations for Contraceptive Use, June 21, 2016.</i>