

5.7 INTRAUTERINE CONTRACEPTIVE COMPLICATION: UTERINE PERFORATION

TITLE	DESCRIPTION
DEFINITION:	Uterine perforation is rare, but can occur during placement of an IUC with either the uterine sound or the IUC itself. Acute uterine perforation during placement rarely results in a medical emergency, but measures should be taken to determine that the client is stable.
SUBJECTIVE:	May Include: <ol style="list-style-type: none"> 1. Day of procedure: <ol style="list-style-type: none"> a. Sudden onset of intense pelvic pain. b. Cramping. c. Dizziness.
OBJECTIVE:	May Include: <ol style="list-style-type: none"> 1. Excessive uterine depth greater than expected from bimanual exam, on sounding or with introduction of IUC. 2. Abrupt loss of uterine resistance during sounding or during IUC placement. 3. Client tachycardia, diaphoresis, hypotension, bleeding or syncope.
LABORATORY:	As indicated.
ASSESSMENT:	Possible uterine perforation.
PLAN:	<ol style="list-style-type: none"> 1. If suspect perforation with sound, STOP, remove sound and do not proceed with insertion. <ol style="list-style-type: none"> a. Provide supportive care. b. Call physician, as needed. 2. If perforation suspected with IUC insertion, do not deploy IUC and remove inserter. <ol style="list-style-type: none"> a. Provide supportive care, b. Call physician, as needed. 3. If IUC already deployed, attempt to gently remove IUC. If excessive resistance when attempting to remove IUC, STOP. Refer for definitive treatment. <ol style="list-style-type: none"> a. Provide supportive care PRN (e.g. O2). b. Consult physician and/or refer to ER immediately. c. Arrange transportation appropriate to client's condition. 4. If removal is successful provide supportive care, observe closely and call physician, as needed. <ol style="list-style-type: none"> a. If client is stable, she may go home after serial measurements of vital signs: <ol style="list-style-type: none"> i. Provide alternative method of birth control. ii. Advise strict pelvic rest until follow-up visit. iii. Have client RTC in 1-2 weeks. May consider another IUC insertion attempt at that time.
EDUCATION:	Reinforce importance of ER referral and/or follow-up care.
REFERRAL TO MEDICAL PROVIDER:	Client with unresolved or complicated acute uterine perforation.
REFERENCES:	<ol style="list-style-type: none"> 1. Hatcher RA, et al (editors). <i>Contraceptive Technology 20th edition</i> Ardent Media. New York, NY 2011:147-92.

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	2. <i>Centers for Disease Control and Prevention (CDC). US Selected Practice Recommendations for Contraceptive Use, 2016.</i>