



**Your Questions Answered**



**Mirena**<sup>®</sup>

intrauterine levonorgestrel delivery system

*This booklet has been written to provide answers to some of the important questions you may have about the hormonal intrauterine system, Mirena.*

*If you have any additional questions or you are not sure about anything please talk to your Doctor or Healthcare Provider.*



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## ABOUT MIRENA®

### What does it mean that Mirena is an 'Intrauterine System' (IUS) and not an 'Intrauterine Device' (IUD)?

An 'IUD' is a contraceptive device with a small plastic frame with copper wire wrapped around the plastic. A nylon thread is attached to the end to assist with removal. Sometimes called a 'coil', it's very effective at preventing pregnancy but a problem you may experience with this method is that it may make your periods heavier and more painful.

Mirena is called an IUS to distinguish it from the copper IUD, although it is also fitted into your uterus. It also has a small plastic frame but is different because it contains a hormone and no copper. In addition to being a very effective contraceptive, Mirena treats heavy menstrual bleeding, making your periods shorter, lighter and less painful. Mirena is also quite often prescribed for women in their peri-menopausal years as part of their hormone replacement therapy (HRT) to provide protection to the lining of the uterus (the endometrium.)

### How long has Mirena been available?

For more than 20 years.

Research commenced in 1970. Mirena became available to the general public for the first time in Finland in 1990 and it has been available in Australia since 2001.

Mirena belongs to the group of contraceptives sometimes called 'long acting, reversible contraception' or LARC. You don't need to remember to take action daily or weekly for them to be effective, but they are easily reversed or discontinued.



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### What does Mirena look like?

Mirena is a small, T shaped frame made from polyethylene, which is a soft, flexible plastic. The length of the T shaped frame is about 32 mm. There are also two fine threads tied to the base to help your Doctor with removal and to help you check the system is in place whilst it's in the uterus. Attached to the stem is a cylinder that contains a reservoir of the hormone levonorgestrel. Levonorgestrel is also found in some oral contraceptive pills and is similar to the progesterone hormone made by your body.

If you collect your Mirena from a pharmacy, do not be alarmed by the size of the box as it is supplied with a special tube to help your Doctor correctly fit the system into your uterus.



### So what are the key features of Mirena?

- It is approved for up to 5 years continuous use but can be removed at any time if you wish to stop using the method for any reason.
- It doesn't interfere with sex, because while the system is fitted you have constant contraception cover
- It's over 99% effective at preventing pregnancy
- Once removed you can become pregnant – it does not compromise your future fertility
- It may reduce your period pain
- After a few months it may reduce menstrual flow to little or nothing so your periods are lighter and shorter

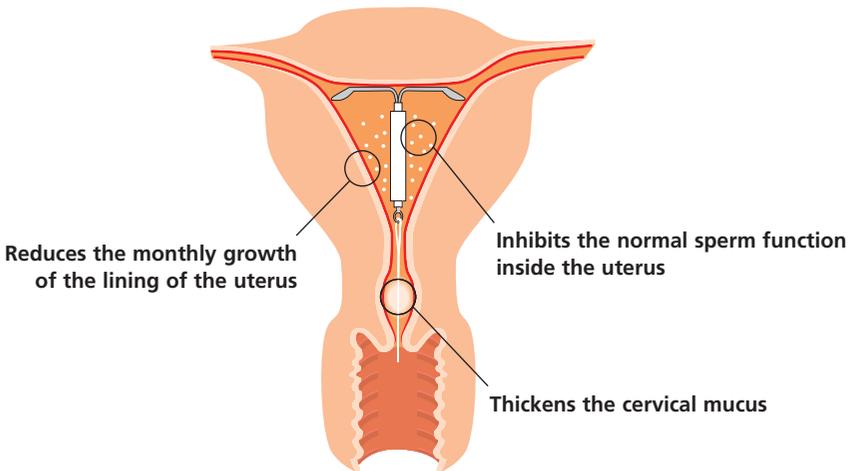


## How does Mirena work?

The system has a special membrane on the hormone sleeve that allows the release of a very small amount of the hormone levonorgestrel into your uterus at a constant rate meaning the levels remain stable throughout the day. The local release means that the hormone is released where it needs to work.

The hormone in Mirena prevents conception in 3 key ways:

- It thickens the normal mucus in the cervical canal (opening of the uterus) so that it is more difficult for the sperm to enter the uterus to fertilise the egg.
- It inhibits the normal sperm function and movement inside the uterus and fallopian tubes preventing fertilisation
- It reduces the monthly growth of the lining of the uterus, which also makes your period lighter and shorter.



## How effective is Mirena for contraception?

Mirena is one of the most effective and reliable methods of contraception available. Studies have shown that if 1000 women use the system for 1 year, no more than 2 are likely to become pregnant. This is comparable to female sterilisation. Once your system is properly fitted, it is effective for up to 5 years and the reliability remains over 99% over this time.



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### **Do I need to use extra contraception after Mirena is fitted?**

If Mirena is fitted during the first seven days of your menstruation, or if you are using another reliable contraceptive method at the time of insertion, there is generally no need for extra precautions although you should always discuss your own situation with your Doctor. Your Doctor may also recommend that you do not use tampons or have intercourse for up to 24 hours to minimise your risk of infection.

If you are not using any contraception and you have had unprotected intercourse prior to the insertion, pregnancy must first be excluded before a Mirena is fitted. Please discuss with your Doctor.

### **How long does the fitting take?**

Preparations for the fitting usually take about 5 to 10 minutes and the actual fitting of the system will usually take only a few minutes.

### **Does it contain any latex?**

No, Mirena is completely free from latex and is made from a type of soft, flexible plastic.

### **Can it be seen on x-ray?**

Yes. Mirena can also be located using ultrasound. It is also safe with MRI and PET scans.

### **If I have an operation, should my Mirena be removed?**

Generally there is no need for Mirena to be removed before surgery, but discuss this with your Doctor.

### **What can Mirena be used for and can any woman use it?**

Mirena can be used for contraception. It is also approved to treat heavy menstrual bleeding or to protect the lining of your uterus as part of hormone replacement therapy during the menopause.

Most women can use Mirena, but as with all methods of contraception or hormone treatments, it will not be suitable for everyone. For example, if you are pregnant or suspect that you may be pregnant you cannot use Mirena. Please discuss any potential risks and benefits for you with your Doctor before Mirena is fitted.



## Can I breastfeed while using Mirena?

If you are breastfeeding, this system may be suitable. Progestogen only methods of contraception such as Mirena do not appear to affect the quantity or quality of breast milk. Systemic concentrations (levels in the blood) of progestogen are the equivalent of 3 progestogen only (or mini pills) per week. Your Doctor will advise you if this is a suitable method for you and when to have the system fitted.

## For how long can Mirena be used?

Each Mirena provides protection against pregnancy for up to 5 years continuous use after which it has to be removed. There is no need to have a 'break' from using Mirena if you wish to continue using the method. You may have a new system fitted at the same visit after removal of the old system. In fact, having your Mirena removed and replaced at the same visit avoids the settling-in period you may have experienced with the first system.

## How is Mirena fitted?

Only a Doctor can fit Mirena. After a gynaecological examination, an instrument called a speculum is inserted into the vagina, and the cervix (opening of the uterus) is cleaned with an antiseptic solution. Mirena is fitted into the uterus via a thin, flexible plastic tube. The threads pass from the system through the cervix and into the vagina. The threads are then cut to about 2 to 3 cm in length, outside the cervix.

## When should Mirena be fitted?

The system is usually fitted either during your period or within seven days from the beginning of your period. Insertion outside this time, for example if your cycles are not regular or you are changing from another method of contraception should be discussed with your Doctor. If you already have the Mirena system and it is time to replace it with a new one, it can be replaced at any time during the cycle at the same appointment after removal of the old system.

After having a baby, Mirena can be fitted from six weeks after delivery and usually a little longer, 10–12 weeks, if you have had a caesarean section. Your Doctor and/or midwife can discuss this with you.

Mirena may also be inserted immediately after a first trimester termination of pregnancy or at the follow up visit after a medical termination provided there are no genital or pelvic infections.

### **Is it painful to fit?**

You can feel the insertion but it should not cause much pain and most women find that fitting causes only a little discomfort. Women who have delivered only via caesarean section or those who have not yet had children may find it more uncomfortable and may wish to discuss suitable pain relief prior to the insertion with their Doctor.

Afterwards, you might feel some cramping, a little like period pain, and dizziness may also occur. Your Doctor may give you some advice about managing these symptoms which usually disappear after a few hours, but if they persist, or you are worried, please see your Doctor.

### **Do I need to have Mirena checked regularly by my Doctor?**

You should have your Mirena checked firstly at 4–12 weeks after insertion and again after 12 months by your Doctor. Thereafter you should have your Mirena checked once a year unless your Doctor advises otherwise.

### **How can I check if Mirena is in place?**

After each period or about once a month, you can feel for the two fine threads by gently putting a finger into your vagina and feeling for the threads at the top of the vagina. Your Doctor will show you how to do this. Do not pull on the threads because you may accidentally pull it out.

If you cannot feel the threads, go to your Doctor to check the position of your Mirena and in the meantime use another reliable form of barrier contraception. If you can't feel the threads, it's often because they have curled around and are out of reach. This is normal and once your Doctor has checked that your Mirena is in place you should not be concerned.

You should also go to your Doctor if you can feel the lower end of the system itself or you or your partner feel discomfort during sexual intercourse.



### Can I fall pregnant with Mirena in place?

It is very rare for women to become pregnant whilst using the Mirena system. Missing a period may not mean you are pregnant, as some women may not have periods and most women notice their bleeding patterns change to a lighter period whilst using Mirena. If you have not had a period for 6 weeks, or you are concerned, you should consider having a pregnancy test. If this is negative, there is no need to have another test unless you have other signs of pregnancy e.g. sickness, tiredness or breast tenderness. Although it is unlikely, if you are worried that you have become pregnant while using Mirena, you should consult your Doctor as soon as possible.

### What if I want to become pregnant or want to remove Mirena for other reasons?

Mirena can be removed easily at any time by your Doctor at your request. Although it is a long acting contraceptive, using Mirena does not alter the course of future fertility. Removal is very easy and will usually only take a couple of minutes. Following removal, your usual level of fertility will return quickly and you can begin trying to get pregnant right away. Some women will become pregnant in the first month after removal and nearly 8 out of 10 women trying to become pregnant do so within 12 months.

If pregnancy is not desired immediately, Mirena should be removed during your period if possible. If you have no period, you should use barrier methods of contraception for the week before removal. In both situations make sure you discuss other methods of contraception with your Doctor if it is still required before the system is removed.

### Can Mirena become dislodged (expelled) or fall out?

This is unlikely but should the system come out either completely or partially there may be some signs to alert you, i.e. an unusual increase in bleeding, possibly some pain, or you or your partner can feel the lower end of the system itself or the removal threads seem longer. The return of your normal periods may also indicate the system has been expelled and not noticed.

If Mirena comes out completely or partially, you will not be protected against pregnancy. Contact your Doctor as soon as possible and use another reliable contraceptive method until you see your Doctor.

### **Will Mirena interfere with sexual intercourse?**

Neither you nor your partner should feel Mirena during intercourse. If you do, intercourse should be avoided until your Doctor has checked that Mirena is still in the correct position. A displaced Mirena should be removed and a new system can be inserted at that visit if you wish.

Occasionally it may be possible for your partner to feel the end of the threads. If this causes concern or discomfort, your Doctor can adjust the threads for you.

### **How long should I wait to have sexual intercourse after the insertion?**

Mirena will provide immediate protection against pregnancy if the system is fitted as recommended within seven days of the beginning of your period. However it is best to wait at least 24 hours before having sexual intercourse.

### **What happens to my periods?**

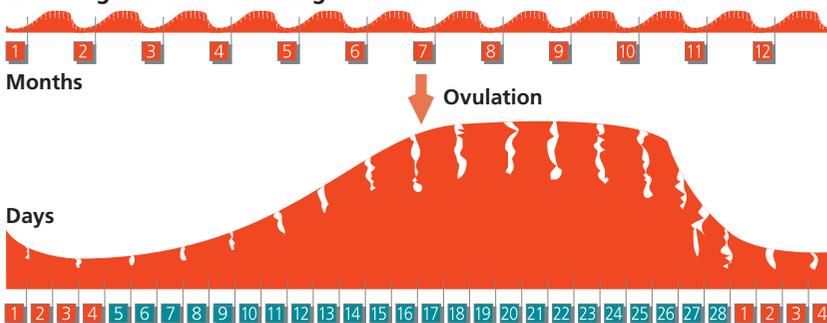
Mirena will affect your periods. Initially you are likely to have an increase in the total number of days with bleeding each month. Most women have frequent spotting (a small amount of blood loss) or light bleeding (requiring panty liners) in addition to their periods for the first 3-6 months after the system is fitted. Panty liners should be all that is required for protection during the first week after fitting and after this, tampons may be used if needed.

Overall, you are likely to have a gradual reduction in the number of bleeding days and in the amount of blood lost each month. Some women eventually find that their periods stop altogether. By the end of the first year of use about 20% of users have no bleeding or spotting at all.

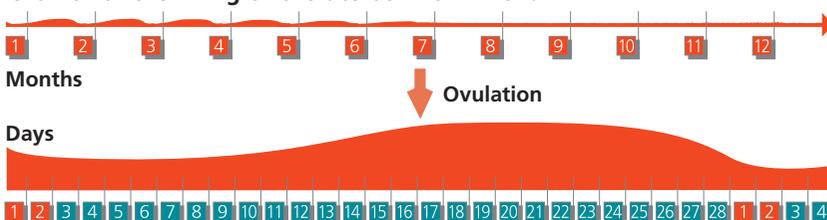
The diagram over shows the normal growth of the lining of the uterus each month and the growth of the uterus lining with Mirena. You may also find the chart at the back of this booklet useful to mark the days of spotting and light bleeding in the months after insertion so you can discuss the changes with your Doctor at your follow up visit.



### Normal growth of the lining of the uterus



### Growth of the lining of the uterus with Mirena®



### Isn't it abnormal not to have a period?

No not at all. It is not harmful or anything to worry about. If you find that you do not have periods with Mirena it is because of the effect of the hormone on the lining of your uterus. The monthly thickening of the lining with blood is greatly reduced and in some women does not happen at all so there is no blood to come away as a period. It does not necessarily mean you are pregnant or have reached the menopause, and your own hormone levels remain at what is normal for you. Your periods should return to what is normal for you in the first month after removal.

In fact, reduced blood loss or not having periods can be an advantage for women's health by possibly decreasing the risk of iron deficiency anaemia due to heavy menstrual bleeding.



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### **Is there any medication my Doctor can prescribe to shorten the spotting period?**

There is no current evidence that medication will have an effect on the bleeding pattern and in particular shorten the spotting experienced during the settling in period. Your Doctor can reassure you this is to be expected and will usually have settled after the first 3–6 months.

### **Can I use tampons?**

Yes. Tampons will not change the position or effectiveness of Mirena. However, while it is unlikely to happen, care must be taken when changing them so the threads of Mirena are not pulled.

### **Is it guaranteed that my periods will disappear completely?**

No, but this happens for 15 to 20% of users after a year of Mirena use and 30 to 40% with longer term use. Others may still have a short light bleed every month or merely a scanty discharge. Using Mirena has been shown to reduce menstrual blood loss by up to 97% after 12 months of use so it is likely your periods will be much lighter and shorter than before you were using Mirena.

### **Will I develop osteoporosis if I am not menstruating?**

No, because Mirena's effect is mainly localised in the uterus, most women will ovulate regularly after one year of use even though they may not be menstruating. There is no evidence to suggest Mirena affects bone mineral density even with long term use.

### **How will I know if I've reached menopause?**

Menopause is the term for the last period you will ever have and generally occurs around the age of 50. There is an interval of a few years before this happens, when gradual changes occur, as your ovaries produce fewer hormones and the frequency of ovulation may change. This is called perimenopause. Apart from changes in bleeding pattern, many women have noticeable signs when they reach this period of their lives, e.g. hot flushes, mood changes, unusual sweating and other symptoms. If you feel that this applies to you, your Doctor can do tests to check.



If your doctor prescribes oestrogen replacement therapy for you to alleviate the symptoms you are experiencing, Mirena is indicated for the protection of your uterus from the effect of the oestrogen component of the hormone replacement. Your Doctor can discuss your options with you.

### **I have reached perimenopause. Must I have Mirena removed?**

No, unless you are going to use another form of contraception, as you could still fall pregnant in this time. During the 'change of life' a woman may start to experience a change in her periods, sometimes finding they are heavier and irregular. Mirena can help improve this pattern while still providing contraception.

### **I do not need contraception anymore but have heavy periods. Can I use Mirena?**

Yes – one of the approved uses of Mirena is for heavy menstrual bleeding (menorrhagia).

Read more about heavy menstrual bleeding on page 19

### **Will Mirena cause me to gain weight?**

Mirena should generally not cause any change in your weight. Studies have shown that women using Mirena have not changed their weight any more than women using a conventional copper IUD.

### **Will Mirena cause an ectopic pregnancy (a pregnancy outside the uterus)?**

The rate of ectopic pregnancies in users of Mirena is approximately 0.1% per year. The absolute risk of ectopic pregnancy in Mirena users is low but if a woman does become pregnant with Mirena in place, the risk of the pregnancy being ectopic is increased. Please see your Doctor immediately if you think you may be pregnant.

Women with a previous history of ectopic pregnancy, tubal surgery or pelvic infection carry a higher risk of ectopic pregnancy.



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### **Will Mirena cause infections or pelvic inflammatory disease (PID)?**

No. Microorganisms cause infection and not intrauterine devices. Mirena is supplied in a sterile pack and the device is protected in a tube during insertion. There is a slightly increased risk of pelvic infection immediately after and during the first month after the insertion. Pelvic infections in all IUD or IUS users are often related to sexually transmitted infections. The risk of infections is increased if the woman or her partner has multiple sexual partners. For protection against sexually transmitted infections it is advisable to use a condom.

Pelvic infections must be treated promptly. Tell your Doctor without delay if you have persistent lower abdominal pain, fever, pain in conjunction with sexual intercourse or any abnormal bleeding.

### **Does Mirena cause cysts on my ovaries?**

Since the contraceptive effect of Mirena is mainly due to its local effect inside the womb, women of fertile age will keep ovulating even though they are using Mirena as a contraceptive.

Sometimes the release of the egg is delayed and the follicle keeps on growing. These enlarged follicles cannot be distinguished from ovarian cysts on ultrasound. Enlarged follicles have been diagnosed in about 12% of women using Mirena. These are mostly symptom free but some may be accompanied by pelvic pain or painful intercourse. In most cases, these follicles disappear spontaneously after two to three months observation.

### **Will any of the hormones in Mirena be absorbed by my body?**

Although the effect of the hormone in Mirena is mainly local (inside the womb), a small amount of the hormone is absorbed into your blood circulation. Most women will still ovulate because the amount absorbed into the blood stream is not enough to suppress ovulation.



## What side effects can I expect?

As the level of hormone in the woman's blood stream is very low, the hormonal side effects are generally mild in nature and more common in the first few months of use. If they occur, they usually settle after a few months but if you are concerned please talk to your Doctor.

The most common side effect is a change in your menstrual bleeding patterns. Some other side effects reported by women using Mirena include:

- Ovarian cysts
- Lower abdominal pain or cramping
- Acne
- Vaginal discharge or irritation
- Breast tenderness
- Headache
- Mood changes/depression

Your Doctor should advise you of the risks, other potential side effects and possible benefits.

## What about other complications?

Serious complications with Mirena are uncommon. Mirena itself will not increase your risk of pelvic infection. (See *Will Mirena cause infections or pelvic inflammatory disease (PID)?*) Rarely, Mirena may come out by itself (expulsion) which can lead to unwanted pregnancy if the expulsion is not noticed.

There is a very small risk (less than 1 in 1000) of Mirena perforating or pushing through the wall of your uterus at the time of the fitting. The system should be removed if this occurs and your Doctor will advise you regarding the appropriate management.

## How will I remember when it is time to have my Mirena replaced?

Once your Doctor has fitted your Mirena, you should request to be given the booklet from inside the box – the 'Consumer Medicine Information.' Please read this booklet fully. There is a space on the front to record the details of who fitted your system and the date and your Doctor may also give you a Mirena Reminder Card which records the same information and can be kept in a safe place. The Consumer Medicine Information is also available at [www.medsafe.govt.nz](http://www.medsafe.govt.nz).



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## If you are considering Mirena® for CONTRACEPTION

### How does Mirena prevent pregnancy?

Mirena contains a hormone called levonorgestrel which is a progesterone. This hormone prevents pregnancy by:

- Thickening the normal mucus in the cervical canal (opening of the uterus) so that it is more difficult for the sperm to enter the uterus to fertilise the egg.
- Controlling the monthly development of the endometrium (lining of the uterus) so that the lining is not thick enough for you to become pregnant.
- Inhibiting the normal sperm movement inside the uterus and the tubes preventing fertilisation.

### How effective is Mirena?

Mirena is one of the most effective contraceptive methods available.

It is equally effective in all age groups. The body weight of the user also has no effect on reliability. Once your system is properly fitted it is effective for up to 5 years and the reliability remains consistent over this time.

### How does Mirena compare to female sterilisation?

Sterilisation, or having your fallopian 'tubes tied,' is a very effective method of contraception. However, it is difficult and sometimes impossible to reverse should you change your mind or your circumstances change. It will also have no effect on your periods, unlike hormonal methods of contraception, including the oral contraceptive pill, which can have a positive effect on bleeding patterns. Mirena provides 5 years of contraception that is comparable to female sterilisation in efficacy but is easily reversed, with the likelihood of lighter and shorter periods.



## **I have had my Mirena for 5 years. Should I have it replaced?**

If you have been using Mirena for 5 years and wish to continue using this method, the system needs to be removed and replaced. If your Doctor inserts a new Mirena immediately, during the same visit, the initial spotting and light bleeding experienced in addition to your periods during the first few months of use after your first Mirena will not recur. Additionally, up to 60% of women report their periods stop altogether with their second Mirena. If the system is removed and not replaced with another one, your period should return to the way it was before you used Mirena.

## **How soon after I remove Mirena will I be able to fall pregnant?**

It is possible to become pregnant within the first month after Mirena is removed.

## **If you are considering Mirena® for HEAVY MENSTRUAL BLEEDING (HMB)**

### **What is HMB?**

The amount of bleeding during a period can vary from month to month and woman to woman. Menstrual bleeding is considered to be heavy when it is heavy enough to interfere with physical, social and/or emotional quality of life. It's believed that approximately 1 in 5 women in Australia and New Zealand are affected.

Medically, HMB is defined as a blood loss of more than 80 mL per menstrual cycle over several cycles but this can be difficult to measure. Some of the signs may have been that your period lasted for more than seven days, that you have to change pads or tampons more than every four hours or you pass clots wider than 3 cm.

### **What are some of the causes of HMB?**

HMB increases with increasing age – but it may also be caused by a hormone imbalance or gynaecological problems such as fibroids, polyps or endometrial hyperplasia.

If no abnormality of the uterus can be found then the condition is called 'dysfunctional uterine bleeding.' In more than half the women with HMB, no cause can be found.

## What are the treatment options for HMB?

In the past, various medications have been used to treat HMB with some degree of success. This includes anti-inflammatory therapy, which has been shown to reduce HMB by approximately 20–25% and antifibrinolytic agents such as tranexamic acid which have reduced HMB by approximately 40–50%. Oral contraceptives are also prescribed to reduce HMB and show similar success rates of approximately 40–50%.

Surgery is also an option for treatment. Hysterectomy was once considered the only suitable surgical treatment for HMB but there are now some other alternatives. All surgical treatments are unsuitable for women who may want to have children in the future.

## Is Mirena as effective as other medical therapies?

Mirena reduces menstrual blood loss in women with HMB, as well as those with normal menstrual bleeding. The reduction achieved by Mirena is greater than that of commonly used medical therapies.

Mirena can also be used in women who have HMB due to inherited bleeding disorders such as von Willebrand disease. Additionally Mirena may also improve painful periods (dysmenorrhoea).

## If you are considering Mirena® as part of your prescribed HORMONE REPLACEMENT THERAPY (HRT)

### What is the menopause?

The menopause is marked by when a woman's periods stop. After one year without a period, a woman is described as post-menopausal. The time leading up to the menopause is known as the perimenopause. The gradual decrease in the female sex hormone oestrogen contributes to the hormonal and biological changes that are associated with the menopause. These changes can cause both physical and emotional symptoms eg hot flushes, vaginal dryness and mood swings. During this time some women may still be able to become pregnant so contraception is still important.



## What is Hormone Replacement Therapy?

Hormone replacement therapy consists of an oestrogen alone or a combination of an oestrogen and a progestogen. Women who have had a hysterectomy can take oestrogen therapy alone to treat menopausal symptoms. However, a woman who has a uterus needs to take a progestogen alongside the oestrogen to prevent excess thickening of the lining of the uterus. Mirena is approved as a progestogen in HRT.

## When can Mirena be fitted for endometrial protection during HRT?

In women who are still having their periods, Mirena should be inserted within 7 days of the start of their period. If your periods have already stopped, Mirena can be fitted at any time. There is no difference in the insertion procedure.

If you are already using Mirena for contraception, there is no need to take another progestogen and after a discussion with your Doctor about the relative risks and benefits, short term oestrogen therapy can be started as needed to help you manage any symptoms of the menopause you are experiencing. The system has to be replaced every 5 years, so if you wish to continue with Mirena as part of your HRT you can simply remove and replace your Mirena as needed.

## How effective is Mirena as part of HRT?

Mirena has been equally effective in preventing endometrial hyperplasia during continuous oestrogen therapy when the oestrogen is administered either in a tablet form or as a patch. Studies have shown that the rate of amenorrhoea (no periods) can be as high as 90% after 12 months of therapy in post menopausal women using Mirena as endometrial protection.



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## GETTING OFF TO A GOOD START WITH MIRENA®

- Use this diary to record your bleeding pattern after you start Mirena.
- Don't forget to have the diary with you when you call or visit your Doctor.
- Keeping track of your bleeding pattern can help you and your Doctor know how your body is adjusting to Mirena.

You can use these symbols when you enter information in the calendar:

<b>X Mirena</b> insertion date	<b>S</b> Spotting	<b>L</b> Light
<b>N</b> Normal	<b>H</b> Heavy	• No bleeding

### TYPE OF BLEEDING

**Spotting** is less than your normal period  
Minimal sanitary protection is needed (ie panty liners)

**Light** is less bleeding than your normal period

**Normal** is the usual amount of bleeding during your period

**Heavy** is more bleeding than your normal period



## Bleeding Pattern Diary

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Jan																																	
Feb																																	
Mar																																	
Apr																																	
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Jun																																	
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Aug																																	
Sep																																	
Oct																																	
Nov																																	
Dec																																	



# Mirena<sup>®</sup>

intrauterine levonorgestrel delivery system



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intrauterine levonorgestrel delivery system

MIRENA is an intrauterine system containing 52mg levonorgestrel, which is slowly released over 5 years at an initial rate of 20mcg/24hours. MIRENA is a **Prescription Medicine** for contraception. MIRENA is also a treatment for unexplained heavy menstrual bleeding and provides endometrial protection when oestrogen therapy is prescribed for menopausal symptoms. **MIRENA must not be used during pregnancy, if there is any sign of pelvic or genital tract infection, inflammation or cancer, if there is uterine or cervical anomaly, malignancy or undiagnosed abnormal bleeding or active liver disease.** MIRENA should be inserted by a doctor who has been trained in the insertion technique. Removal of MIRENA is recommended if the following medical conditions occur; an increased susceptibility to infections, acute infection not responding to treatment, migraine, jaundice, increased blood pressure, hormone-sensitive cancer or severe cardiovascular disease. MIRENA must be removed if pregnancy (which might be ectopic) or perforation is suspected. The pattern of unwanted effects, which are more common in the first months of use, should be explained to you. Unwanted effects include changes to menstrual patterns, back pain, mood or weight changes and benign ovarian cysts are commonly reported. If these continue or other side-effects occur, see your doctor for advice. The possibility of rare side-effects such as expulsion, perforation or ectopic pregnancy should be discussed with your doctor. **MIRENA is funded for patients who meet the Heavy Menstrual Bleeding Criteria. MIRENA is not funded for contraception. An insertion fee may also apply.** A product of Bayer HealthCare Pharmaceuticals, 3 Argus Place, Hillcrest, Auckland 0627. Phone 0800 80 45 45. TAPS DA1411KG