Statement on Intrauterine Devices, Counselling and Pain Management

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Intrauterine devices (IUDs) are highly effective and are the recommended first-line contraceptive method, yet they are underutilized. Individuals may find it difficult to navigate the breadth of information available – true, false, and incomplete - to make the best choice for their needs. Patients that could significantly benefit from IUD use, for both contraceptive and non-contraceptive benefits, may not be receiving one because of difficulty to access or limited in availability, or because information available to patients and/or healthcare providers may not be sufficient on either the complications or the benefits of IUDs.

IUD insertion can be painful for some patients. It is important that healthcare providers counsel patients about what can be expected during the IUD placement process, including pain control options. Healthcare providers should ensure that the patient has sufficient time to review information, ask questions, and provide consent.

Some patients may experience more pain or discomfort than others during IUD insertion including those who have a history of trauma, chronic pelvic pain, sexual pain, or painful periods, as well as those who are post-partum, have difficulty with or have never had speculum exams, and those who are anxious about the procedure.   Even though some patients have a higher risk of pain, *it does not mean they are not good candidates for an IUD.*

Anxiety, as well as anticipated and actual pain related to the procedure, are important barriers to the use of IUDs. It is critical for healthcare providers to work together with patients to ensure a supportive, reassuring environment where the patient understands that they are in control and can request that the procedure be paused or halted at any time. The healthcare provider and patient should work together to develop an appropriate pain management plan when it is needed.

Most patients find that oral medications meet their pain management needs, but the options below have been shown to be effective and should be discussed with patients, as appropriate.

Oral Analgesics

Drug	Dose	Route of Administration	Patient	Timing	References
Ketoprofen	150mg	Oral	Parous	1 hr prior to procedure	Abbas et al[1]
Ketorolac	20mg	Oral	Nulliparous or parous	40-60 minutes prior to procedure	Crawford et al[2], Samy et al[3]
Naproxen	550mg	Oral	Nulliparous or multiparous	1 hr prior to procedure	Karabayirli et al[4], Ngo et al[5]
Tramadol	50mg	Oral	Multiparous	1 hr prior to procedure	Karabayirli et al[4]

Local Anaesthetic

Drug	Dose	Route of Adminitration	Patient	Timing	References
10% lidocaine	4 puffs (40mg, 10 mg/mL/puff)	Spray applied to cervix surface including external os	Parous	3 minutes prior to procedure	Aksoy et al[6], Karasu et al[7], Panichyawat et al[8]
1% lidocaine	20mL	Paracervical block	Nulliparous	Prior to procedure	Mody et al[9]
1% lidocaine	10mL	Paracervical block	Adolescents or young women (aged 14-22)	3 minutes prior to procedure	Akers et al[10]
2% lidocaine	12mL (20 mg/mL)	Paracervical block	Multiparous	Prior to procedure	Karasu et al[7]
2% lidocaine	3.6mL (72mg)	Intracervical block	Nulliparous	Prior to procedure	De Nadai et al[11]
5% lido-caine/ prilocaine	4mL	Cream applied to anterior cervical lip and cervical canal	Parous	7 minutes prior to procedure	Abbas et al[12], Samy et al[3], Tavakolian et al[13]

Although there are no data specific for effectiveness of pain relief during IUD insertion, other analgesics may also be suitable, including low dose methoxyflurane[14].

IUDs are among the most effective forms of contraception. The Society of Obstetricians and Gynaecologists of Canada (SOGC) acknowledges that patients and healthcare providers may require additional information about pain management related to IUD insertion; in the majority of cases, pain and/or discomfort is manageable and should not be a barrier to using an IUD.

IUD insertion is a common rapid outpatient procedure, typically taking between 5 and 15 minutes with possible additional time if pain management is required. Complications during the insertion process are rare. IUD insertion requires a skilled healthcare provider, and the SOGC offers a preceptorship training program specific to intrauterine contraception insertion, including counselling. For more information, please visit our website: _Intrauterine Contraception (IUC) Insertion Preceptorship (sogc.org)_.

All healthcare providers should remember that every contraceptive method is a way to empower patients, including specific consideration for non-contraceptive benefits.

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