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Feedback from a Service Evaluation of a Modified Intrauterine Device Insertor: A First Step to a Changement of the Standard of Iud Insertion Procedure

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Abstract : Copper IUD is one of the most efficient and cost-effective contraception. However, pain at insertion hampers the use of this method. This is especially unfortunate in nulliparous women, often younger, who are excellent candidates for this contraception, including Emergency Contraception. Standard insertion procedure of a copper IUD usually involves measurement of uterine cavity with an hysterometer and the use of a tenaculum in order to facilitate device insertion. Both procedures lead to patient pain which often constitutes a limitation of the method. To overcome these issues, we have developed a modified insertor combined with a copper IUD. The singular design of the inserter includes a flexible inflatable membrane technology allowing an easy access to the uterine cavity even in case of abnormal uterine positions or narrow cervical canal. Moreover, this inserter makes possible a direct IUD insertion with no hysterometry and no need for tenaculum. To assess device effectiveness and patient-reported pain, a study was conducted at two clinics in Fance with 31 individuals who wanted to use a copper IUD as contraceptive method. IUD insertions have been performed by four healthcare providers. Operators completed questionnaire and evaluated effectiveness of the procedure (including IUD correct fundal placement and other usability questions) as their satisfaction. Patient also completed questionnaire and pain during procedure was measured on a 10-cm Visual Analogue Scale (VAS). Analysis of the questionnaires indicates that correct IUD placement took place in more than 93% of women, which is a standard efficacy rate. It also demonstrates that IUD insertion resulted in no, light or moderate pain predominantly in nulliparous women. No insertion resulted in severe pain (none above 6cm on a 10-cm VAS). This translated by a high level of satisfaction from both patients and practitioners. In addition, this modified inserter allowed a simplification of the insertion procedure: correct fundal placement was ensured with no need for hysterometry (100%) prior to insertion nor for cervical tenaculum to pull on the cervix (90%). Avoidance of both procedures contributed to the decrease in pain during insertion. Taken together, the results of the study demonstrate that this device constitutes a significant advance in the use of copper IUDs for any woman. It allows a simplification of the insertion procedure: there is no need for pre-insertion hysterometry and no need for traction on the cervix with tenaculum. Increased comfort during insertion should allow a wider use of the method for nulliparous women and for emergency contraception. In addition, pain is often underestimated by practitioners, but fear of pain is obviously one of the blocking factors as indicated by the analysis of the questionnaire. This evaluation brings interesting information on the use of this modified inserter for standard copper IUD and promising perspectives to set up a changement in the standard of IUD insertion procedure.

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