



Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/advances-in-womens-health/tbd/15457/

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Setting Expectations on IUD Expulsion Among Patients with Heavy Menstrual Bleeding

Announcer:

You're listening to *Advances in Women's Health* on ReachMD. On this episode, Dr. Mitchell Creinin will share best practices for counseling patients receiving an IUD for heavy menstrual bleeding. Dr. Creinin is a Professor in the Department of Obstetrics and Gynecology as well as the Director of the Complex Family Planning Fellowship at the University of California Davis Health. Here he is now.

Dr. Cronin:

Even though we can talk about the significant decrease in blood loss, we have to look at this in a more global perspective, which is, what is the successful treatment, right? And I think part of understanding successful treatment means not just if I put in the IUD, what's her blood loss going to be? But does she keep the IUD? Because people who have significantly heavy bleeding with their menses are also at an increased likelihood of expelling the IUD. So everybody who gets an IUD on day one doesn't necessarily have the IUD stay in place for the entire time. And that's important for people to take away, that if you're going to place a hormonal IUD in a patient who has very significant, heavy menstrual bleeding, that it's important to explain to her that your risk for expulsion is about 5 percent in six months to compare that to a population of women using the same IUD primarily for contraception, not for heavy bleeding, the expulsion rate over eight years is about 4 percent. So this is 5 percent at six months versus 4 percent cumulatively over eight years. So in this population, it's important that when we explain to people how well this works, that your flow can decrease by 90 percent or greater within three cycles with the caveat that you don't expel the IUD. And about 20 percent of people will be considered successful treatment, meaning that if you place an IUD and you tell the patient, you're going to have a decrease in flow. And if we look at what's the likelihood that you will continue using the IUD and it will have a significant impact on your flow, it's about 80 percent. So I think we need to give patients a realistic expectation and for clinicians to have a realistic expectation.

Announcer:

That was Dr. Mitchell Creinin talking about how we can counsel patients who are receiving an IUD for heavy menstrual bleeding. To access this and other episodes in our series, visit ReachMD.com/AdvancesInWomensHealth, where you can Be Part of the Knowledge. Thanks for listening!