



Dr. Johneen Manning, MD CCFP

Fax Referrals to:
Trainyards Medical Centre
Unit 22-550 Terminal Avenue, Ottawa
Fax: (613) 731-4979
Phone: (613) 731-4770

Dear Colleague,

I am pleased to offer a single visit Intrauterine Device (IUD) and Etonogestrel Contraceptive Implant (Nexplanon) insertion clinic by referral. The goal is to increase timely access to long-acting reversible contraception (LARC) within the Ottawa area. Referrals are accepted by physicians or nurse practitioners; midwives may also refer, with the understanding that they are unable to provide prescriptions for the desired LARC.

To facilitate, please provide your patient the following:

- Prescription for an IUD or Nexplanon, for the patient to fill and bring the device with them to the appointment.
 - If needed, attached handouts can help direct the patient and provider's choice
- Urine requisition for Gonorrhea/Chlamydia and B-HCG (to be done within 1 week of insertion)
 - **Result reviewed before insertion. Follow-up will be completed as necessary.**

For your convenience, attached is a templated referral form if you choose.

If unable to provide the necessary counselling or prescriptions, the patient will be offered a pre-insertion, counselling appointment. Our clinic will follow abnormal results or concerns following the IUD or Nexplanon insertion.

Thank you,

Dr. Johneen Manning, MD CCFP
CPSO 115830



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IUD or Contraceptive Counselling Referral Form

Patient Information

- Full Name: _____
- Date of Birth: _____
- OHIP Number: _____ Version: _____
- Phone number: _____ Alternate phone number: _____
- Address: : _____
- Email: _____ (required)

Referring Provider Information (Referrals accepted from a doctor, nurse practitioner, midwife)

- Full Name: _____
- Clinic Phone Number: _____ Clinic Fax Number: _____
- Clinic Address: : _____
- Provider Billing Number: _____

Patient Health History

- Last Menstrual Period: _____
- Is the patient allergic to latex? ☐ No ☐ Yes
- Is the patient allergic to iodine or shellfish? ☐ No ☐ Yes
- Does the patient have a personal history of:
 - Bleeding disorder? ☐ No ☐ Yes
 - Breast Cancer? ☐ No ☐ Yes
 - Liver Disease / Tumors? ☐ No ☐ Yes
 - Unexplained vaginal bleeding? ☐ No ☐ Yes, if yes describe: _____
 - Uterine abnormalities? ☐ No ☐ Yes, if yes, describe: _____
 - Obstetrical History G ___ P ___ A ___
 - Previous IUD use? ☐ No ☐ Yes
 - Recent birth (<6 weeks)? ☐ No ☐ Yes

Dear Dr. Manning, please see the above patient for insertion of a(n):

- ☐ IUD ☐ Etonogestrel Contraceptive Implant (Nexplanon)

The patient was provided (check all that apply);

- ☐ A prescription for an IUD ☐ A prescription for an Etonogestrel Contraceptive Implant (Nexplanon)
- ☐ A urine G/C and B-HCG to be completed 2 – 7 days before the insertion
- ☐ Patient information handouts from Liberty Women's Health
- ☐ Was not provided with any of the above and will require an appointment to obtain.

Signature: _____ Date: _____



IUD Information Sheet

An intrauterine device (IUD) is an effective and low-cost form of long-acting reversible contraception. Depending on the IUD chosen, it may offer benefits such as reduction in menstrual flow, cycle length and cramping. An IUD is a small, soft T-shaped device with a nylon string attached, which is inserted into the uterus by a healthcare provider. IUDs are among the most reliable and convenient forms of contraception for women of all ages, from teens to breastfeeding mothers and women transitioning into menopause.

There are two types of IUDs available: hormonal and the non-hormonal copper IUD, and they are 99.8% effective in preventing pregnancy for up to 3-10 years. An IUD can be removed at any time, and fertility returns rapidly.

HORMONAL IUD: MIRENA / KYLEENA

The Mirena or Kyleena IUDs are polyethylene T-shaped devices with a progestin (levonorgestrel) hormone contained within the stem.

How Does It Prevent Pregnancy?

- The medication is slowly released over time. It prevents pregnancy by altering the endometrium, changing the cervical mucus to prevent the passage of sperm, and possibly inhibiting ovulation.
- Its failure rate is 0.09/100 patients Years (WY), the lowest of all contraceptive methods, and ectopic pregnancy rate is 0.02/100 WY.

Menstrual Regulation

- One of the side effects of the levonorgestrel is thinning of the endometrial lining over time. For the first three months, most patients will have irregular, nuisance spotting while the endometrial lining is being thinned out.
- At one year, 15-50% of patients are amenorrheic (do not have a period). The majority of other patients experience light bleeding every few months. Due to the effect of progesterone on the endometrium, patients who do continue to have periods have significantly decreased blood loss and less cramping than without the IUD.

Risks & Side Effects

- The risks of perforation (1/1000 at insertion), infection (1/100 within one month), and expulsion are the same as the copper IUD. This is unlikely.
- There are few hormonal side effects due to the low circulating concentration of levonorgestrel. The most common ones are breast tenderness, acne, and headache, which tend to be most noticeable in the first two to three months of use. Most patients are not bothered by these side effects. Rarely, women will experience mood changes; if these occur you should speak with your health care provider.

Cost & Duration of Use

- Mirena and Kyleena can be left in place for minimum of 5 years, some people leave them in for 8 years. Talk to your provider to decide when you should change your IUD.
- The Mirena or Kyleena IUD cost is approximately \$450.00. Almost all drug plans cover the Mirena or Kyleena IUDs.



COPPER IUD: MONA LISA®: N, 5 Mini, 5 Standard, 10 ([Which MONA LISA® IUD to recommend?](#))

Mona Lisa® IUDs are plastic and copper T-shaped devices that come in multiple sizes, selected depending on the desired duration of contraception, the size of a woman's uterus and/or if she has had pregnancies in the past.

How Does It Prevent Pregnancy?

- The copper IUD prevents pregnancy by changing the environment of the endometrial cavity and altering sperm function. There are no hormones involved.
- The copper IUD can be used as emergency contraception when used within 7 days after unprotected sex.
- It is a very reliable method of contraception, with a failure rate of 1.26 per 100 patients-years (WY) and an ectopic pregnancy rate of 0.25 per 100 WY.

Menstrual Bleeding

- Its presence will not alter the timing of your menstrual cycles, but may make your period slightly heavier and more crampy, especially within the first 3-4 months. Ibuprofen (Advil or Motrin) can help to control this.
- Side effects include increased bleeding or spotting, especially in the first three months after insertion. Bleeding averages 13 days in the first month and decreases to 6 days per month at one year.
- Up to 6% of patients will experience heavier more painful periods with the copper IUD. If you already have painful/crampy periods this is not the best a good option for you.

Risks & Side Effects

- Perforation (1/1000), infection (1/100) primarily in the first three weeks after insertion, expulsion (2-10%), and failure (pregnancy). If a patient becomes pregnant with any IUD in place, the risk of the pregnancy being in an ectopic location is 15-20%.
- Pain or dysmenorrhea, typically primarily in the first three months after insertion. This is often treated satisfactorily with Ibuprofen.

Cost & Duration of Use

- It is good for 3-10 years.
- Copper IUDs are very inexpensive, approximately \$50.00 plus dispensing fee from the pharmacy. However, they are often not covered under drug plans.

Is An IUD Right for You?

- Review of birth control methods: http://www.sexualityandu.ca/birth-control/birth_control_methods_contraception/hormonal-methods
- Overview of IUDs: <http://www.bustle.com/articles/2883-everything-you-need-to-know-about-iuds>
- Copper IUD vs progesterone IUD: <https://www.optionsforsexualhealth.org/birth-control-pregnancy/birth-control-options/iuds>
- Video on how an IUD works: <https://www.plannedparenthood.org/learn/birth-control/iud>
- Overview of the procedure: <https://www.verywell.com/what-to-expect-during-an-iud-insertion-906772>



Please arrive about 10 minutes early as you may have to complete some forms. Although most appointments are booked for 20 minutes, we suggest you budget about 1 hour for your visit. An IUD placement procedure only takes a couple of minutes, but the doctor will talk to you before and after the placement. You may need extra time to purchase your IUD and/or give a urine sample.

Please continue to use your normal birth control method consistently and correctly right up to the day of your appointment.

Before Your IUD Insertion

- Eat a small meal before the procedure.
- Take Advil 400 - 600 mg by mouth 1-2 hours before the procedure. You can then take another dose 6-8 hours later.
- Bring the IUD to your appointment. You will have to pick this up from the pharmacy a day or two beforehand.
- Please ensure you complete your urine test within one week of the procedure (and at least 2 days before to ensure results are available). This test ensures you are not pregnant and do not have a sexually transmitted infection.
- Bring a pad, as you might experience bleeding following the insertion. This is normal.

What to Expect After Your IUD Insertion

- Mild cramping, often resolves by the time you leave the office. Most patients rate the discomfort as 4/10 and say "it's less painful than expected."
- Some patients feel almost nothing. Done by an experienced provider - IUD insertions are very tolerable.
- If cramping persists, manage as you would typical period cramps (ie. Advil 600 mg by mouth every 6-8 hours, heat, baths etc).
- If you experience severe cramping, fever, chills, nausea/vomiting or purulent vaginal discharge please call our clinic or see a health care provider.
- Nothing in the vagina for 24 hours: no sex, tampons, menstrual cups.

Follow-Up IUD Care

- An optional follow-up appointment may be booked at 3 months post IUD insertion for a string check to ensure placement remains appropriate.
- Some patients will be able to feel their IUD string. Others won't – this is normal.
- A yearly urine test for sexually transmitted infections is recommended to ensure optimal sexual health.
- Progesterone IUD users can expect intermittent light bleeding for 3 – 6 months after insertion. Typically, this resolves in a few weeks after insertion. You may no longer have a period. Or you may have an unpredictable light period every few months.
- Use back-up contraception for 7 days following insertion of your IUD.



Etonogestrel Contraceptive Implant (Nexplanon) Information Sheet

The Nexplanon contraceptive implant is a flexible, ethylene vinyl-acetate copolymer (plastic) tube 4 cm long by 2mm wide that gets inserted under the skin of your upper arm by your healthcare provider in a quick office-based procedure. It then releases progestin called etonogestrel, a type a progesterone like the one your body makes, to prevent pregnancy.

How Does It Prevent Pregnancy?

- The etonogestrel implant stops the ovaries from releasing an egg, prevents the sperm from meeting an egg by changing the cervical mucus, and also thins out the uterine lining, preventing implantation. The medication is slowly released over time.
- It is more than 99% effective at preventing pregnancy. Unlike short-acting methods like the pill, there is nothing to remember, the implant is always there until it is removed by your health care provider.
- Implants do not affect the ability to become pregnant after having it removed. Pregnancies have been reported as soon as 5 days after a removal.
- It does not contain estrogen, and is appropriate for women who are breastfeeding who do not wish to become pregnant.

Menstrual Changes

- Side effects from the implant are usually mild. The most common side effect of the etonogestrel implant is irregular uterine bleeding. This can look like longer or shorter bleeding during your period, no bleeding at all during the time of your period (amenorrhea), spotting between your periods, and varied amounts of time between your periods. For most people, the bleeding is lighter than their usual periods.
- 1 in 10 users will have nuisance bleeding which causes them to discontinue use of the implant (having it removed by their health care provider).

Risks & Side Effects

- The most common side effect is irregular bleeding/spotting (as above).
- Complications associated with the Implant are rare but may occur. The most common risks complications of inserting an Implant include irregular bleeding or spotting and problems with insertion (1%) and/or removal (1%). There is an 8% chance of a transient local reaction at the site of insertion (swelling, bruising)
- Implants can produce similar side effects as oral birth control pills, such as bloating, breast tenderness, nausea, or mood changes, but these should disappear within the first 3 months following the insertion.
- If at any point after the insertion you are unable to feel the Implant or feel that it is broken or bent, make an appointment to have the doctor do an exam to feel for the implant and/or removal. In the meantime, you should use a backup form of barrier birth control, such as condoms. Nexplanon includes a small amount of a material that is detectable by an X-Ray in the instance that the implant cannot be felt by hand.

Cost & Duration of Use

- Nexplanon can remain in place for up to three years; it can be removed at any time before then.
- The Nexplanon cost is approximately \$350.00 plus pharmacy dispensing fees; the device is covered by most private insurance plans.



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WOMEN'S HEALTH

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- The Implant (Nexplanon) is new to Canada (approved in 2020, although it has been used for many years in other countries), which means that private insurance may not cover it yet. Before considering Nexplanon, you may want to contact your insurance company to make sure that it is covered.