IUD INSERTION



Week 15

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<u>Reading Assignment:</u>

ACOG Practice Bulletin #186 Long-Acting Reversible Contraception: Implants and Intrauterine Devices

Watch Liletta insertion video: https://vimeo.com/253855091?ref=em-share

LEARNING OBJECTIVES

- To understand relevant factors in determining appropriate candidates for IUD insertion
- To recognize contraindications to intrauterine contraception
- To review technical issues regarding the insertion procedure for the copper-releasing and progestin-containing IUDs



CASE VIGNETTE

• Ms. Nunca Más, a 27 yo G3 P3 woman, presents to clinic requesting placement of an IUD for long-acting reversible contraception.



FOCUSED HISTORY

What elements of this patient's history are most relevant?

- PMH: HTN
- PSH: Laparoscopic cholecystectomy
- POBH: FTNSVD x 3
- PGYNH: Regular menses q28d x 5d

LMP 1 week ago

Previous contraceptive methods: condoms, OCPs

- MEDS: None
- ALL: NKDA



PERTINENT PHYSICAL EXAM FINDINGS

What elements of this patient's physical exam are most relevant?

Vulva: Normal external female genitalia. No lesions.
Vagina:Pink, healthy mucosa. No discharge.
Cervix: Parous os. No lesions. No discharge. No CMT.
Uterus: NT. Anteverted. Not enlarged.
Adnexae: NT. No masses palpable.



INDICATIONS

For which patients are IUDs a good choice?

- Adults and adolescents
- Desire highly effective contraceptive method
- Desire long-term, reversible contraception
- Want or need to avoid **estrogen exposure** (all IUDs) or **progestin exposure** (copper IUDs)





(levonorgestrel-releasing intrauterine system) 52 mg







CONTRAINDICATIONS Relative and Absolute

- Severe distortion of the uterine cavity
- Active pelvic infection
- Known or suspected pregnancy
- Wilson's disease or copper allergy
- Unexplained abnormal uterine bleeding

• LNG-IUD

- Breast cancer
- Active liver disease



INFORMED CONSENT

What will you discuss with the patient before signing the consent form?

Risks/ Benefits/ Alternatives

- **Risks:** Bleeding, infection, perforation, discomfort during insertion Failure, with increased risk of ectopic pregnancy should failure occur
- Benefits: Highly effective, long-acting, reversible contraception Avoidance of anesthesia
- Alternatives: Other forms of contraception



PRE-PROCEDURE CONSIDERATIONS

The MA asks what instruments/ supplies you will need in the room before you begin.

- Chux
- Sterile speculum
- Antiseptic solution (povidone-iodine or chlorhexidine)
- Fox swabs
- Sterile gloves
- Single tooth tenaculum
- Uterine sound
- Sterile packaged IUD
- Long scissors
- Silver nitrate sticks



PROCEDURE

Describe the steps of the procedure

- Conduct a NYP time-out
- Perform a bimanual exam to determine position of uterus
- Introduce a sterile speculum
- Cleanse the cervix with betadine (using non-sterile gloves)
- Don sterile gloves
- Apply a single tooth tenaculum to the cervix
- Sound the uterus
- Insert the IUD using applicator device
- Trim the IUD strings using long scissors
- Remove tenaculum
- Ensure hemostasis at tenaculum site using pressure or silver nitrate
- Document procedure including lot# and expiration date of IUD



Vimeo. (2019). *LARC Insertion: Liletta*. [online] Available at: https://vimeo.com/253855091?ref=em-share [Accessed 21 Aug. 2019].



FOLLOW UP

- Advise patient to **return** for fever, worsening pelvic pain, syncope, unusually heavy vaginal bleeding, suspected expulsion, foul smelling vaginal discharge, or pregnancy-like symptoms
- Recommend back-up method of contraception for 7 days following placement for women with LNG-IUD
- No evidence to support routine follow up visits, but may ask patient to return in 1-3 months to assess satisfaction, side effects, and check IUD strings



CODING AND BILLING

Basic IUD Coding

Intrauterine devices include the copper IUD and the hormonal IUD. The insertion and/or removal of IUDs are reported using one of the following CPT codes:

- 58300 Insertion of IUD
- 58301 Removal of IUD

Most IUD services will be linked to a diagnosis code from the V25 series (Encounter for contraceptive management):

- V25.11 Insertion of intrauterine contraceptive device
- V25.12 Removal of intrauterine contraceptive device
- V25.13 Removal and reinsertion of intrauterine contraceptive device
- V25.42 Surveillance of previously prescribed contraceptive method, intrauterine device

The CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS code:

- J7300 Intrauterine copper contraceptive
- or
- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg

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EVIDENCE

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