

Intrauterine Contraceptive (IUC) Removal – CON 4

| DEFINITION |
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| This protocol covers the steps to follow in removing a client's IUC |
| SUBJECTIVE |
| May include: <ol style="list-style-type: none">1. LMP2. Medical, sexual, and contraceptive use history3. History of any recent intercourse if client not currently menstruating4. Documentation of reason for removal request |
| OBJECTIVE |
| May include: <ol style="list-style-type: none">1. BP2. Pelvic exam |
| LABORATORY |
| May include: <ol style="list-style-type: none">1. Sensitive urine pregnancy test if client not menstruating (if positive, see IUC Complications protocol)2. Hemoglobin (if history of excessive bleeding)3. STI screening as indicated |
| ASSESSMENT |
| IUC removal candidate |
| PLAN |
| <ol style="list-style-type: none">1. Obtain patient documented consent2. May medicate with 400-800 mg of ibuprofen 30-60 minutes prior to removal. Counsel that mild cramping/spotting may occur3. If removing IUC following PID diagnosis, antibiotics should be initiated prior to removal to decrease risk of bacteremia (See PID protocol)4. If IUC thread is visible:<ol style="list-style-type: none">a. Grasp the strings close to the os and apply gentle, steady traction to remove the IUC slowlyb. Examine to ensure IUC is intact5. If string(s) missing or break during removal attempt, refer to IUC Complications6. IUC can be removed at any time during menstrual cycle<ol style="list-style-type: none">a. If pregnancy is not desired, a contraception method should be started prior to removal. Counsel on risk of pregnancy if intercourse occurred in the week prior to removal without use of a backup contraceptive method. EC may be provided if last sexual intercourse was less than 5 days prior to the IUC removalb. Removal may be carried out during menses. If removed any other time and patient requests another form of birth control, consider starting that method one week before removal. May insert new IUC at same visit if no absolute contraindications |
| CLIENT EDUCATION |
| <ol style="list-style-type: none">1. Provide education handout(s). Review symptoms, complications, and danger signs2. Review safer sex education, as appropriate3. If client is seeking pregnancy, provide preconception counseling educating that pregnancy can occur prior to return of menses |

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

4. Recommend client RTC annually or PRN for problems

CONSULT / REFER TO PHYSICIAN

1. Client who requires antibiotic prophylaxis unless she has been previously evaluated by MD
2. Client with difficult IUC removal
3. Any client who is pregnant

REFERENCES

1. Cason, P., Hatcher, R. A., Cwaik, C., Edelman, A., Kowal, D., Marrazzo, J. M., Nelson, A. L., & Policar, M. S. (2025). Reproductive Tract Infections (22nd ed.), *Contraceptive Technology* (pp. 314-317). Jones & Bartlett Learning.
2. [U.S. Selected Practice Recommendations for Contraceptive Use, 2024 | MMWR](#)
3. [Mirena Package Insert, Bayer HealthCare Pharmaceuticals Inc., 2021](#)
4. [Liletta Package Insert, Allergan USA, Inc., 2020](#)
5. [These highlights do not include all the information needed to use SKYLA safely and effectively. See full prescribing information for SKYLA. SKYLA \(levonorgestrel-releasing intrauterine system\) Initial U.S. Approval: 2000](#)
6. [Paragard Package Insert, CooperSurgical Inc., 2021](#)
7. [KYLEENA English Product Monograph, 2021](#)
8. [Switching Birth Control, Reproductive Health Access Project, 2021](#)

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