**INTRAUTERINE CONTRACEPTIVE DEVICE (IUD): REMOVAL**

<table>
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<th>DEFINITION</th>
<th>Steps to follow in removing a patient’s Intrauterine Device (IUD).</th>
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**SUBJECTIVE** Must include:
1. LNMP and PMP.
2. Medical and sexual history update.
3. History of any recent intercourse, if patient not currently menstruating (may want to delay removal if recent exposure).
4. Documentation of reason for IUD removal request.
5. If patient wants to continue IUD use, but is requesting removal because her IUD has been in place for the number of years for which it is recommended, consult with MD to determine if an off-label extension of years of use is possible.

**OBJECTIVE** Must exclude:
1. BP > 160/105
   Must include:
   1. BP < 160/105 (If BP ≥ 140/90 but ≤160/105, patient must be asymptomatic.)
   2. Pelvic examination. Check for any signs of infection or incorrect IUD placement.

**LABORATORY** Must include:
1. Hemoglobin/hematocrit (if history of excessive bleeding). If anemia noted, see *Anemia/Polycythemia* protocol.
2. Negative sensitive pregnancy test if patient symptomatic (If test positive, see *IUD Complications-Delayed Menses* protocol.)

**ASSESSMENT** Candidate for IUD removal.

**PLAN**
1. If IUD strings visible:
   a. Obtain patient’s informed consent for IUD removal acknowledging the risks of bleeding, pain, infection and failure to remove.
   b. If there are any signs or symptoms of cervical infection or PID, provide appropriate systemic antibiotics and administer first dose prior to removal.
   c. If the patient required antibiotic prophylaxis against endocarditis by AHA guidelines when she had her IUD placed, provide same antibiotics prior to IUD removal.
   d. Remove IUD following manufacturer’s instructions.
   e. For postmenopausal women with stenotic os, consider sublingual misoprostol 200mg to dilate cervix.
2. If IUD string(s) are missing or break during removal attempt, refer to *IUD Complications-Missing String(s)* protocol.
3. If IUD has been in place for more than 5 years or if patient has been experiencing any signs or symptoms of upper tract infection (e.g., vaginal discharge or lower abdominal pain), consider testing IUD or IUD scrapings for actinomycosis.
4. If patient seeking pregnancy, provide preconceptional counseling.
5. If patient desires contraception:
   a. If patient has re-qualified for an IUD, you may place another IUD this same visit. (See *Identification of Intrauterine Contraceptive (IUD) Candidate* protocol).
   b. If patient desires another method, provide it.
6. If patient has had intercourse in the last five days and is at risk for pregnancy if IUD removed, offer emergency contraception or delay removal of IUD.
7. If patient with no prior history of hypertension has BP ≥ 140/90 verified at least one additional time this visit with no smoking or caffeine for 30 minutes, refer for evaluation of possible hypertension.

**PATIENT EDUCATION**
1. Counsel regarding risk of pregnancy or ectopic pregnancy if IUD removed in absence of menses with recent intercourse; tell patient IUD no longer protects her from pregnancy. Encourage EC use. See
| PATIENT EDUCATION (Continued) | Emergency Contraception (EC) protocol.  
|  | 2. Encourage women who desire IUD removal in order to become pregnant to use folic acid supplements for at least 1-3 months prior to removal or at least to conception.  
|  | 3. Advise women who have IUD removed but are not seeking pregnancy to immediately initiate another effective method. Remind them that the IUD provides no residual contraceptive protection once it is removed.  
| REFER to MD/ER | 1. Patient who requires antibiotic prophylaxis for prevention of endocarditis unless she has been previously evaluated by MD.  
|  | 2. A patient with elevated BP or difficult IUD removal.  