

CLINICAL FOLLOW-UP OF COPPER T IU DEVICE

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Introduction

As Copper T is a non-operative reversible method best suited for rural population, a clinical follow-up of Copper T IUD insertions performed during 1976-1978 in Post Partum Centre, Government Maternity Hospital, Tirupati was undertaken to evaluate the device. The side effects of the device with particular reference to abnormal uterine bleeding and the reasons for the removal of the device in some cases were studied.

Material and Methods

A total of 1000 insertions of Cu.T were made and out of them 260 cases were available for follow-up. The study was made on patients who attended our centre on their own, or brought there by our field-staff by house to house visit or called there by way of letters.

The patients were interrogated regarding symptoms and side effects they had and a general and pelvic examination were made on each.

Results of Our Study

Among these 260 cases—90 cases were

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symptom free and comfortable with loop and 170 had varying complaints.

The following were the side effects:

A. Menstrual Abnormalities

I. Abnormal Uterine Bleeding: (30.4%)

Menorrhagia	45
Continuous bleeding	17
Polymenorrhagia	13
Metrorrhagia	2
Post coital bleeding	2

II. Irregular cycles with- out menorrhagia } 9 (3.5%)

III. Secondary amenorrhoea	10	} 7%
Oligomenorrhoea	8	

IV. Dysmenorrhoea 7 2.7%

B. White Discharge	34 (13%)
Cervicitis with erosion cervix	8
Cancer cervix Stage—I	1
Trichomonas vaginitis	2

C. Pain in Lower Abdomen	23 (8.8%)
Pelvic infection	7
Urinary tract infection	3
Backache	25 (9.6%)
Dyspareunia	8 (3%)

One of the most frequent side effects, reported by patients following the insertions of IUCD is a change in uterine bleeding pattern. Nearly 1/3 (30.4%) of women in our series complained of abnormal uterine bleeding. This is some

what similar to the figures reported by Rajan (1978) and higher than Gupta.

Other Problems Encountered

(a) Pregnancy with loop in situ 5 cases.

In 2 of the above cases, loop was inserted at the time of suction evacuation for medical termination—but pregnancy continued.

In 3, fresh pregnancy occurred following loop insertion accounting for (1.15%) failure.

(b) Spontaneous expulsion of loop—10 cases (3.4%). Out of them 6 were puerperal insertions.

Loop Removals

Out of 260 cases followed up from 1-3 years. Sixty-two loops were removed for various reasons (23.8%). Of them 72.5 of removals were due to side effects.

Causes for Loop Removal

- | | |
|---|---------|
| a. Wants to conceive | } 27.5% |
| b. Sterilization planned | |
| c. Adopted other methods of contraception | |

Causes for Loop Removal

- | | |
|-------------------------------------|------------|
| d. Removal because of Side Effects: | 45 (72.5%) |
| 1. Menstrual disturbances | 33 |
| Menorrhagia | 18 |
| Post menorrhagia | 3 |
| Continuous bleeding | 6 |
| Spotting | 3 |
| Irregular periods | 3 |
| 2. Amenorrhoea | 1 |
| Oligomenorrhoea | 2 |
| 3. White discharge | 1 |
| Backache and pain in abdomen | 3 |
| PID with erosion cervix | 2 |

It is observed that abnormal uterine

bleeding accounted for the greatest number of women discontinuing the use of IUD and influences tremendously the use effectiveness of the device. Various theories propounded to explain uterine bleeding are:

1. Associated damage to endometrium by abrasion and pressure necrosis resulting from IUD which acts as foreign body (Hall and Stone, 1964).

2. There is some indication that increased vascularity and congestion of endometrium occur resulting in interstitial oedema and bleeding. Presence of thin walled sinusoids is said to be high.

3. Myometrial insufficiency resulting in a failure to adopt to the foreign body may result in continuous bleeding.

4. Due to a syndrome of general capillary fragility (H/o bruising easily) endometrial capillaries are bruised when uterine contraction move the device in the cavity (Margurlies (1965).

5. Pre-existing pathology like adenomyosis, submucous fibroids and polyps.

The treatment which is suggested for abnormal uterine bleeding is styptics, large doses of ascorbic acid, antihistaminics (probably to combat histamine release action of IUD) EACA, antibiotics if inflammation is the cause and curettage. Oral contraceptive pills are also suggested. If the bleeding persists, removal of loop is advised.

Summary and Conclusion

Two hundred and sixty cases of Copper T (200) insertion were followed up for a period of 1-3 years. Out of them, 90 cases were symptom free and comfortable with loop. One hundred and Seventy cases had some side effects and 62 of them had the loop removed. The commonest cause of loop removal was abnormal uterine

bleeding 72.3%. Our failure rate where pregnancy supervened was 1.15%. Expulsion rate was 3.4%. There were no perforations.

75% of women with IUCD had a continuous protection as long as loop was in situ, inspite of minor side effects and its use-effectiveness is acceptable.

Acknowledgement

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