



INFORMATION FOR PATIENTS

Non-visible Threads Clinic

Introduction

This leaflet gives you information about coming to the Non-visible Threads Clinic. This clinic is a part of county-wide Sexual Health Service Nottingham and Nottinghamshire (SHSNN). The clinic for this procedure is based at Nottingham City Hospital.

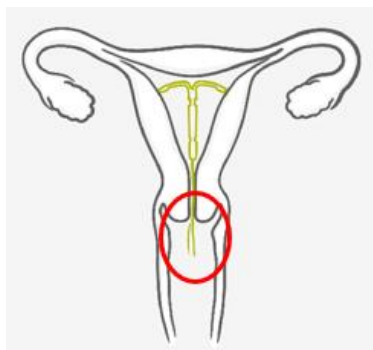
In addition to seeing patients with non-visible threads, this clinic also sees patients who have experienced difficulty with coil fits in the past and may need an ultrasound scan at the time of the coil fit.

Most of the information in this leaflet applies to you to help you prepare for your appointment and advice about after care.

You may or may not need an ultrasound scan, your doctor will advise you on the day.

What are non-visible threads?

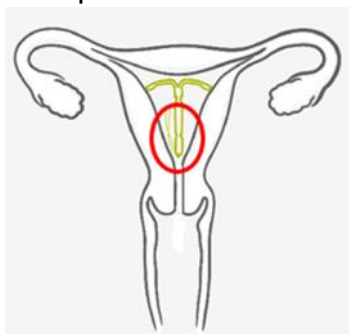
All coils have a single or pair of strings (threads) attached, which sit just outside of the neck of your womb (cervix) to allow the coil to be removed easily. This is shown in the picture below.



However sometimes the threads are not visible to the clinician when checking or trying to remove your coil. When this happens, we describe it as 'non-visible threads'.

One of three things may have happened when there are non-visible threads:

- 1) The coil will still be in the right place and working as contraception. It can be left to work as normal or until you would like it removed. Most (95/100) coils are in the right place and the threads have curled up inside the neck of the cervix or the womb (uterus). This is shown in the picture below.



- 2) A few (5/100) coils will fall out of the uterus (known as expulsion). The coil will not be working as contraception if this happens.
- 3) Very rarely (<1/1000) the coil will be fitted in or through the muscle of the uterus (known as partial or complete perforation). The coil will not be working as contraception if this happens.

The best way for your clinician to tell which of the three options has happened is an ultrasound scan.

If you would like to keep your coil and it is not due to be replaced, your clinician will refer you for an ultrasound scan to check it is in the right place. If it is it can be left until it needs replacing or you would like it removed.

The ultrasound scan may be an on top of the tummy (transabdominal) scan and/or an internal (transvaginal) scan. For a transvaginal scan, the scan camera (probe) is placed inside your vagina and is closer to the pelvic organs. This usually gives clearer pictures than a transabdominal scan. More information about ultrasound scans is given later in this leaflet.

Before your appointment

Eating and drinking:

You may eat and drink as normal. We advise a light meal or snack and non-alcoholic drink about an hour before your appointment.

Pain relief:

Unless you are unable to take pain killers, we advise you take paracetamol (1g by mouth) and ibuprofen (400mg by mouth, with some food to protect your stomach). We will also offer you pain relief (local anaesthetic) at your procedure to make it as comfortable as we can for you.

Sex:

To ensure we are able to do your procedure on the day of your appointment and avoid a risk of pregnancy to you, please follow the advice below. If there is a risk of pregnancy, we may NOT be able to do your procedure.

- **If your coil has not expired:** Unless you are using an alternative method of contraception in addition to your coil (such as a pill, implant, injection, patch or ring) please avoid having sex without condoms (used from start to finish) for SEVEN days before your appointment.
- **If your coil has expired:** Unless you are using an alternative method of contraception in addition to your coil (such as a pill, implant, injection, patch or ring) please avoid having sex without condoms, ensure they are used from start to finish (NOT withdrawal method or emergency contraception) for THREE weeks before your appointment.

- **If you do not have a coil:**
 - **Using the pill, patch, ring, injection or implant:** Continue to use your contraception correctly until after your coil has been fitted.
 - **Using only condoms:** If the condom splits, slips off or is damaged in the THREE weeks prior to your appointment we may not be able to fit your coil.
 - **Not using any contraception/using withdrawal:** If your appointment is after your period, do not have sex between your period and your appointment.

Guidance on how to use your contraception correctly and information about the different types of coils can be found at www.nhs.uk/conditions/contraception

Other information

- If you have periods, please know the first day of your last period when you come to your appointment.
- Bring a list of any health conditions and medications to your appointment.
- It does not matter if you are bleeding/on your period on the day of appointment.
- Please attend without children if possible in case you do not feel well after your procedure.
- Please allow up to an hour for your appointment – it is usually quicker but may take longer.

What will happen at your appointment?

You will be seen by a doctor trained to remove coils with non-visible threads and to fit coils. They will talk with you about your health and contraception needs as well as any concerns or questions with you before any procedure. The doctor will discuss the risks and benefits of the procedure and check it is safe to go ahead – this is called gaining your consent.

Risks: there is a small risk of pain, bleeding, infection and very rarely (1/1000) making a hole in the muscle of the womb (perforation). Your doctor will discuss these with you before your procedure and give you time to ask any questions.

A urine pregnancy test may be required

A health care assistant or nurse will also be in the room to support you and to assist the doctor.

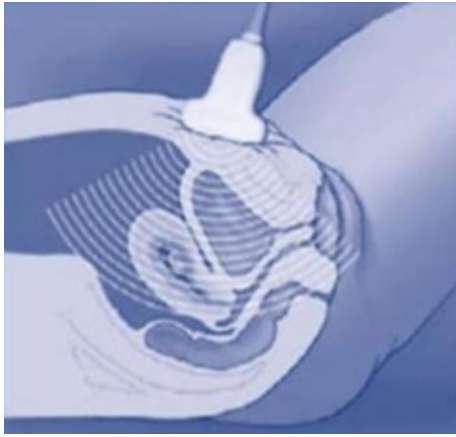
Ultrasound scan:

An ultrasound scan may be needed if you have not already had an ultrasound scan, or if the scan was a while ago, to check the position of your coil.

The doctor will be able to do this scan for you at the same time as your appointment to remove the coil.

The ultrasound scan may be a transabdominal scan or transvaginal scan.

The transabdominal ultrasound scan is done using a probe over your tummy (abdomen and pelvis). This usually requires a full bladder.



The transvaginal ultrasound is performed by placing a lubricated scan probe inside the vagina and is closer to the pelvic organs being examined. This type of scan usually needs an empty bladder.

The probe can feel cold and stretchy but should not be painful. Your doctor will check you are comfortable. If you are not comfortable or would like them to stop, just ask and they will stop.

This type of scan is used to help provide clearer pictures of the coil, womb, ovaries and surrounding structures.



If you do not need a full bladder, the doctor will ask you to empty your bladder in a bathroom completely prior to the scan. If you are using a tampon, this will need to be removed before the scan and before any procedure.

The ultrasound machine is cleaned thoroughly between patients and a probe cover (latex or non-latex) is also used. The doctor will check if you have any allergy or sensitivity to latex.

Your procedure

You will be given privacy behind curtains or alone in the procedure room to undress your bottom half (including your underwear) and lie down on the examination couch.

The examination couch has leg rests to make it more comfortable to get in the right position for your procedure. You will be given a covering to ensure your privacy is maintained at all possible times.

The doctor will do the ultrasound scan if needed - if this is not needed they will not do one. To remove (and/or fit) the coil, a lubricated plastic tube (speculum) will be passed into your vagina to allow the doctor to see your cervix. This can feel stretchy and a little strange but should not be painful. They are usually made of plastic and the same as used cervical screening or routine vaginal examinations.

Pain relief

If a procedure is required, local anaesthetic spray will be used on your cervix to make the procedure more comfortable for you.

A local anaesthetic injection (cervical block) can also be used if needed.

We recognise that the experience of discomfort or pain for both coil insertions and removals is very individual and your doctor will discuss your individual needs before your procedure.

The coil will be removed using special thread retrievers or a type of tweezer (forceps).

The doctor and health care assistant will explain your procedure to you each step of the way and ensure you are ok.

It is important to know that you only need to ask the doctor to stop and as long as it is safe to they will stop immediately, and let you choose whether you would like to carry on after a rest or stop completely.

Once the coil is removed, if you have chosen to have a new coil it will be fitted (please see coil fitting information leaflet for more information).

If you find the procedure too uncomfortable or prefer not to have it done whilst awake we or your GP can refer you to Gynaecology to have your coil removed under general anaesthetic

After your appointment

Follow up

Usually no follow up is needed but the clinician you see will advise you for your individual needs.

How will I feel after the appointment?

Most people feel fine after having their coil removed and or a new coil fitted.

A few people feel faint or nauseous. This usually passes quickly and the clinician looking after you will be able to give individual advice if you are not feeling well.

It is common to experience period-like cramps after your appointment. These usually pass within a few hours, and taking pain relief as described below may be helpful.

Getting home/after care

Most people are fine and able to drive after the procedure, although, some people prefer to have a friend/relative bring them to their appointment or take a taxi or bus.

Most people are able to go about their day as usual following the appointment; however we advise against planning any major commitments in case you are uncomfortable or do not feel able to do them.

Discomfort/pain

You may experience abdominal cramps (like period pain) after your procedure, please have some paracetamol (1g up to four times per day by mouth) and ibuprofen (up to 400mg three times a day by mouth and with some food) at home in case you need them.

Bleeding

You will experience some light vaginal spotting, this is normal and usually settles within seven days (if you are having a hormone coil you may experience longer irregular bleeding whilst the coil settles). We will give you a sanitary pad or you may prefer to bring your own.

Generally, we suggest avoiding tampons in the first four weeks after a coil fit.

Sex

You may go back to having sex when you feel ready and able to. If you are having a new/replacement coil or switching to an alternative method of contraception you may be advised to use condoms or avoid sex until your chosen method is protecting you against pregnancy.

When to seek advice

- If you have abdominal pain that is worse than a bad period.
- If you experience smelly or offensive vaginal discharge.
- If you feel unwell, feverish, sweaty or faint.
- If you feel the coil coming out or your partner can feel it during sex.
- If you are unsure of follow up or have unprotected sex when advised not to.

Contact numbers:

- Sexual Health Services Nottingham & Nottinghamshire: 0300 131 7010
- Out of hours; you can get urgent advice from NHS 111
- In the case of emergency out of normal hours please attend Urgent Care/Emergency Department at your local hospital, or call 999 for an ambulance.

If you change your mind or the appointment is not convenient, please telephone us to either cancel or rearrange on **0300 131 7010**.

Further sources of information

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service:

- **Nottingham University Hospitals:** 0800 183 02 04
Email: nuhnt.PALS@nhs.net
- **King's Mill Hospital:** 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can contact the Patient Experience Teams using the details above.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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