

Perforation Risk Factors & Quick Facts

- Perforation incidence
 - Perforation (1 in 1,000 placements)
- Risk factors
 - Breastfeeding (six-fold increase in total perforation risk)
 - Postpartum (twice as likely if the IUC was placed anytime from delivery to 12 weeks)
 - Placement difficulty
 - Provider inexperience
 - Posterior uterine position
 - Surgical scarring of the uterus (i.e. C-section) or anomalies
- Most perforations DO NOT cause serious illness or injury in abdomen

Prevention of Perforation

- Apply adequate bimanual exam to carefully assess uterine size and position
- Apply traction on tenaculum to straighten the cervical canal and align the uterus
- Use thin, flexible sounding instrument
 - Plastic sound or endometrial biopsy curette
 - Navigate endocervical canal carefully
 - Angle sounding device as necessary
 - Bend metal sound to assist with curve of cervical canal
- Avoid over-confidence
 - Use pelvic models, proctoring
 - Practice techniques for each IUC
 - After passing through cervical canal, briefly pause before intentionally proceeding to uterine fundus
 - DO NOT rush during procedure
- Reduce perforations and placement failures through sufficient training

Managing Perforation

- Remove instrument or IUC (if possible)
- Evaluate for pain, bleeding, vital signs
- Ultrasound (if available): IUC location or cul-de-sac free fluid (rare)
- Observe for 1 - 2 hours, give precautions before discharge
- If no IUC on ultrasound, may need x-ray to assess for location
- Offer alternative contraception
- Reschedule in 4 weeks

References

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