

Navigating Obstacles: The Challenge of Mirena Removal in a Complex Case

Introduction

Mirena is a hormone-releasing intrauterine device (IUD) primarily used for contraception, reducing heavy menstrual bleeding, and treating certain uterine conditions. The removal of Mirena necessitates a thorough risk-benefit analysis, particularly in intricate cases with anatomical distortions, as improper handling could lead to complications.

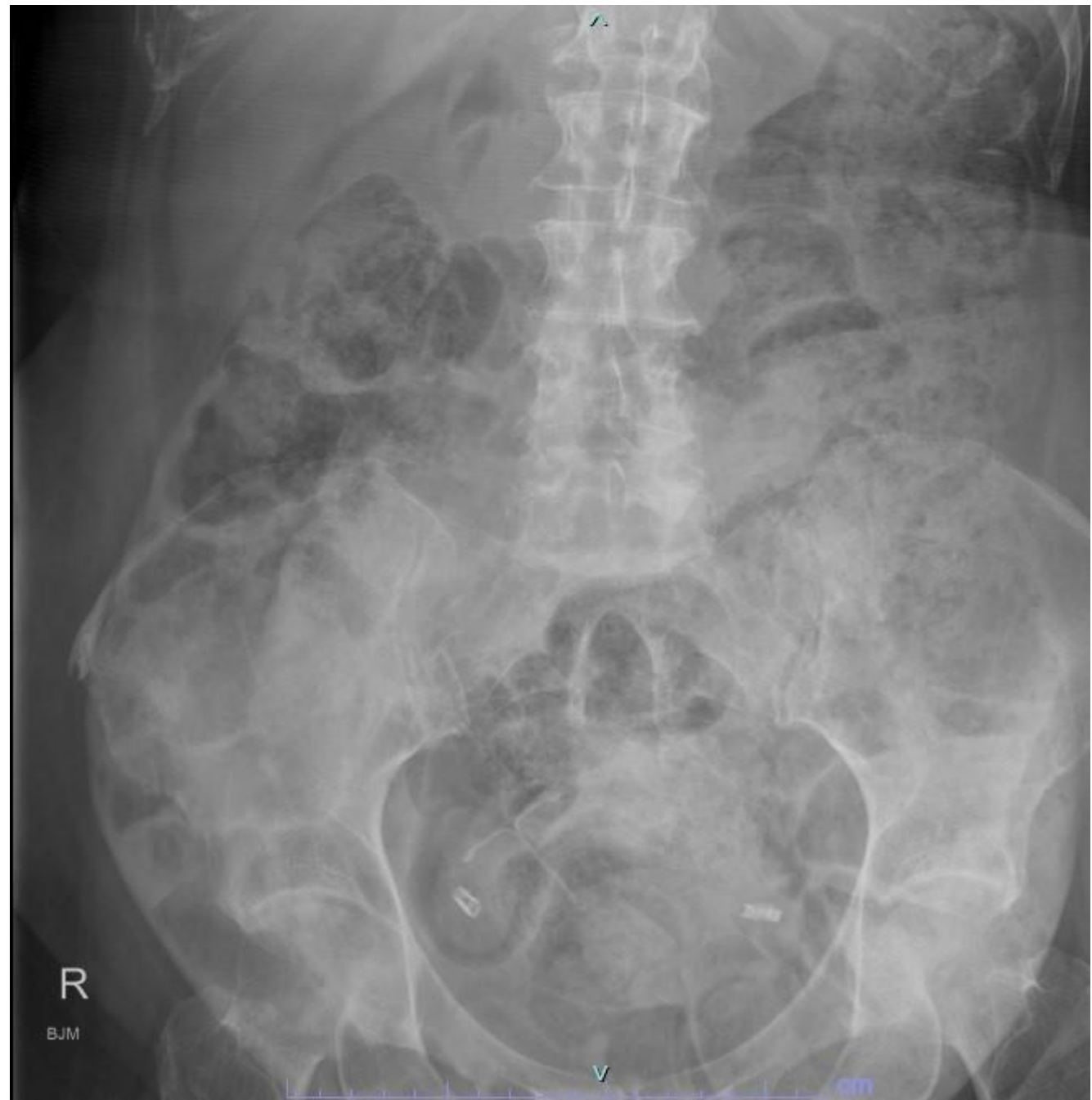
Objective

The objective is to emphasize the importance of individualized planning and management when facing challenges in Mirena removal.

Case Report

A 53-year-old patient with intellectual impairment, schizophrenia, and an abdominal hernia accompanied by severe chronic constipation presented by her carer for the removal of Mirena IUD, which had been in place for 7 years. Initially, the Mirena was inserted to manage heavy menstrual bleeding (HMB) following unsuccessful endometrial ablation. The IUD had effectively controlled her symptoms.

Considering the patient's complex medical history, the decision was made to remove the Mirena IUD in a theatre setting. However, the examination under anesthesia (EUA) was challenging due to the patient's severely atrophic vagina and a loaded rectum, which impeded even the introduction of a small speculum. Both digital examination and hysteroscopy revealed an atrophic cervix and vagina. Consequently, the procedure was halted. A six-week course of aperients was prescribed per general surgeon advice, followed by a second attempt to remove the Mirena, but without success. A Gynaecology case review meeting was held to review the patient's case and the consensus was to leave the Mirena in situ. The potential risks associated with further removal attempts were deemed too great given the possible complications..



X ray after 6 weeks aperients showing Mirena and Loaded bowel.

Conclusion:

This case underscores the complexities encountered during the removal of Mirena in a patient with an intricate medical profile, including intellectual impairment, schizophrenia, and chronic constipation. Though this is not usual practice, the decision to leave Mirena in situ with regular monitoring was made after a comprehensive gynecological review meeting and risk-benefit analysis.

This case serves to underline the importance of investigating and devising robust follow-up protocols in cases where Mirena IUD removal fails. With limited guidelines in such complex scenarios, it is crucial for future research to focus on establishing clear procedures to monitor patients with Mirena left in situ. This will ensure patient safety, optimize health outcomes, and contribute to more comprehensive gynaecological care.