

What is LARC (Long-Acting Reversible Contraception)

Long-acting reversible contraceptives are very effective birth control methods. When you use one of these, you do not have to rely on remembering something every day. They last between 3 and 10 years, depending on the option used. They may come in the form of implants, and also devices which are placed in your womb (uterus).

Failure rate

LARC has the lowest failure rates of any contraceptive methods with a failure rate of less than 1% during the first year of use.

Contraception Method	% Unplanned Pregnancy During the First Year of Typical Use
LARC: IUD, IUS (Coil)	0.06-0.8%
LARC: Implant	0.05-0.8%
Depo-Provera (Injection)	6%
Pill, Patch, Ring	9%
Condom, Diaphragm	18-21%
Withdrawal	22%
No Contraception	85%

Information taken from FSRH (Faculty of Sexual and Reproductive Health)

What are the long-acting reversible contraceptive choices?

The contraceptive implant. A minor procedure under local anaesthetic is needed to insert the small, rod-shaped implant under the skin in your upper arm, where it remains. The implant releases a progestogen hormone. Each implant lasts three years

The intrauterine contraceptive device (IUCD). This is also known as 'the coil'. It sits inside the womb (uterus) and, once fitted, can stay in your womb for up to ten years.

The intrauterine system (IUS). This is a specific type of IUCD which releases a progestogen hormone into the womb. It can last for up to five years.

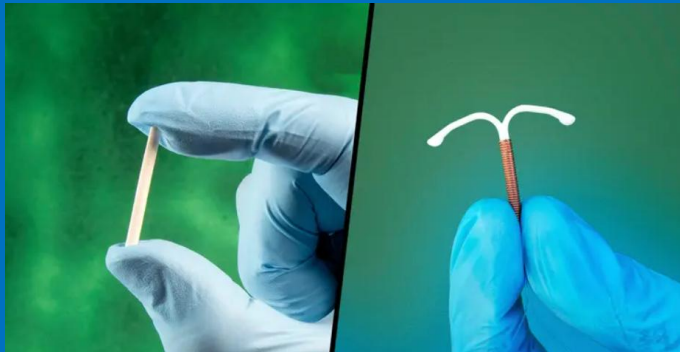
We understand that not all of our patients will identify as a woman. We welcome and support people of all gender identities to access LARC services when they choose.

Why would I choose long-acting reversible contraception?

LARC is ideal for women who do not want a baby in the near future but want to keep your options open. The great thing about LARC is the word "reversible" - so if your situation changes, you can stop using them and become fertile again.

You don't need to take a tablet every day, so for most LARC, you can forget about contraception for years at a time. This makes them more reliable (as they don't need you to remember, other than when they are due to be replaced).

The main downside is that they all require a small procedure of some sort. However, this does not have to be done very often, and provides long-term, reliable contraception once you have done it.



Please remember that LARC does not protect you from STDs

Which LARC is best for me?

The Implant Vs The Coil: The Differences

These two contraceptive methods are extremely common and are a good alternative to the pill. If you're someone who forgets to take their pill, or struggles to stay in routine, these contraceptive options could be perfect for you. It is advisable to wait at least 3 months after having a baby to have a coil, however an implant can be fitted straight away.

The Implant

The implant is an effective form of contraception, which is fitted into your upper arm. It is effective for 3 years and is a popular choice for many women. It can often be used to minimise the effects of heavy periods, as it releases a hormone that prevents ovulation.

The implant is fitted with a local anaesthetic and is a quick, relatively painless process and it can be removed at any time.

The Contraceptive Coil

The coil, or an IUD is a small, T-shaped contraceptive which is fitted in your uterus. They are safe to use and are extremely effective contraceptive options. The coil can be effective for 3 to 10 years, making it a good long-term solution

There are two types of coil; copper and hormonal. The copper IUD is made from plastics and copper, which acts as a spermicide and has no hormones. This option can lead to heavier or longer periods.

The hormonal IUD releases a hormone called progestin levonorgestrel, which thickens the mucus in your uterus, preventing sperm from getting through. The hormonal contraceptive can also stop you from ovulating, further reducing your chances of getting pregnant.

If you're feeling unsure about which contraceptive is right for you, you can speak to one of our clinicians before making a decision

Booking an appointment for LARC

If you feel that LARC is the right thing for you, complete a self-referral form from our website.

[Self-referral form](#)

What Happens Next

Once your referral has been triaged you will be sent a **LARC Counselling telephone appointment** with a member of our LARC clinical team.

- You must **not** be driving at the time of this telephone call.
- You may ask any questions you have at this time.
- Please note – when we telephone our number may be withheld.
- If we are unable to contact you on our first attempt, we will send you a text message notifying you that we called, and will try to contact you again
- You will then be offered an appointment to have your LARC fitted

Preparing for your appointment

Pain relief: All patients are encouraged to take some pain relief an hour before the appointment, such as 1000mg paracetamol and/or 400mg ibuprofen, if you are able to take these.

Food and drink: Please make sure you have something to eat and drink prior to your appointment.

Please do not bring children to your appointment that cannot be left unaccompanied during your LARC fit.

You will be given more information on the day about follow up and the particular LARC device you have chosen.

Coil fits only:

- We can fit a coil on any day of your menstrual cycle, as long as you are 100% certain that you have no risk of pregnancy
- If you are currently using another method of contraception (pill, implant, injection, ring, condoms) continue this right up to your coil fitting appointment so that there is no break in contraception.
- If you are attending for a coil replacement, please abstain from sexual intercourse or use condoms for 7 days before your appointment
- Please bring a sanitary towel to your appointment as it is usual to have light bleeding and period type cramping for the remainder of the day
- Tampons are not recommended immediately after having a coil fitted

On the day of your appointment

Please arrive on time for your appointment time. All procedures are subject to assessment and consent on the day by the Clinician undertaking the operation before then proceeding. We advise that you raise any outstanding questions or queries during this time with your clinical team. Safeguarding questions may also be asked to ensure all patients' safety.

What Happens at Your Procedure

Your Clinician will initially confirm all your medical details and ensure you understand the LARC procedure and its risks and benefits. You will be asked for your consent to confirm this. You still have the right to change your mind even after providing consent.

If you are having a coil fitted, you will be examined before the procedure starts. If any problems are found, your procedure may be cancelled. Very occasionally it will not be possible to perform the procedure, and you may need an onward referral.

Coil Procedure:

During the procedure, the clinician will gently put a smooth tube-shaped tool (a speculum) into your vagina so that they can open it (like a smear test). They will insert a coil into your womb through your cervix. Tell the clinician fitting your coil if you feel any pain or discomfort. You can ask them to stop at any time.

Implant Fit Procedure:

The implant is about the size of a matchstick and is placed under the skin of the inner side of your upper arm by the clinician. An injection of local anesthetic is used to numb the area, and a special device is used to place the implant under the skin.

Implant Removal Procedure:

The procedure is similar to an implant fit. An injection of local anesthetic is used to numb the area, and a tiny cut is made in your skin to gently pull the implant out. Occasionally an implant is difficult to feel under the skin which can result in onward referral to have this removed with the aid of an ultrasound scan.

The appointment will last approximately 30 minutes.

Coil Aftercare

General Advice:

- It is not unusual to have some period like cramping pains for the first 1-2 days following your coil fit. Please take your normal pain killers for this: paracetamol or Ibuprofen
- It is common to have some irregular bleeding and/or spotting for the first few months. This can be particularly troublesome for the hormonal coil but is it not dangerous and usually settles down.
- You can have sex when you are comfortable but remember you may need to use a condom or another method until the coil becomes effective. See below for contraceptive effect

When to see a doctor:

- It is IMPORTANT to see a doctor if you suffer any symptoms such as
 - worsening pain or pain not settling after 2 days
 - abnormal or unpleasant discharge
 - feeling shivery, feverish or unwell
- Pelvic infection is rare but needs to be treated promptly with antibiotics. If you are worried, please contact your GP or 111 (out of hours)

Contraceptive effect:

- If the coil is fitted before day 7 of your menstrual cycle you will have immediate contraception cover
- If the coil is fitted after day 7 of your menstrual cycle, use additional contraception for the next 7 days e.g. Condom or continue your current method e.g. Pill

What happens next:

- You will be advised how to check your coil threads after your procedure. If you can't feel the threads, you should not have unprotected intercourse until you have seen a clinician for a check up

Implant Aftercare

General Advice:

- A dressing will be put on your arm after the procedure, it is important you keep this clean and dry, it can be removed after 72 hours. You may want to avoid lifting/carrying during the period to reduce bruising.
- You may find you have some bruising and discomfort around the site if insertion after the local anaesthetic has worn off. It is safe to treat this with your usual pain killers i.e. Paracetamol / Ibuprofen
- There will be a small scar at the insertion site. It will be possible to feel the implant is in place, but it will not be visible.
- Some irregular spotting / bleeding is common after the fitting of the implant.
- In the first year most, women will have irregular bleeding. All Women are different, and some may have heavier periods, and some will not bleed at all. These changes may be a nuisance, but they will not affect how the implant works to prevent pregnancy.
- The implant lasts for three years but it can be removed at any time.

When to see a doctor:

- The skin looks red and angry following insertion or removal.
- You are unable to feel the implant (use condoms until you are seen).
- You think you may be pregnant.
- You are unhappy with any side effect including the bleeding pattern.
- You want to try for a baby.

Contraceptive effect:

- Your fertility will return to its normal level within days of removal.
- If the implant is fitted before day 5 of your menstrual cycle you will have immediate contraception cover
- If the implant is fitted after day 5 of your menstrual cycle, use additional contraception for the next 7 days e.g. Condom or continue your current method e.g. Pill

What happens next:

- It is important to return for follow up if you have been advised to do so. Otherwise, there is no need for a routine check after the implant has been fitted.

Possible Complications

Hormonal Coil:

- Can cause people to have infrequent or no bleeding they can make periods less painful.
- Initially there may be an erratic bleeding pattern for the first three to six months which usually improves over time.
- Hormonal side effects: Acne, breast tenderness, headaches, mood changes.
- Threads of the coil not felt or seen at the neck of the womb this may require further investigation such as ultrasound scan and removal may be more difficult
- Expulsion - 1 in 20 will be expelled usually within the first four weeks of fitting but can happen at any time
- Perforation – this is very rare up to 2 in 1000 insertions
- Infection

Copper Coil:

- Can cause longer, heavier and more painful periods and may cause bleeding between periods for the first couple of months.
- Threads of the coil not felt or seen at the neck of the womb this may require further investigation such as ultrasound scan and removal may be more difficult
- Expulsion - 1 in 20 will be expelled usually within the first four weeks of fitting but can happen at any time
- Perforation – this is very rare up to 2 in 1000 insertions
- Infection

Implant:

- You may get an infection or some bruising on the skin
- You may get a small scar on your arm
- The implant may be put in quite deep which will make it harder to take out
- The clinician may not be able to put the implant in at all
- A blood vessel or nerve could be damaged (this is very rare and happens less than 1 in 10,000 fittings)
- Your bleeding pattern may change but usually gets better within the first six to nine months
- Hormonal side effects: Headaches, breast tenderness, acne, changes in mood weight and libido.

Further information Links

General Contraceptive Advice

Long-Acting Reversible Contraceptives

Contact us

Website:

<https://www.midhamshirehealthcare.co.uk/larc.htm>

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