

## Description of Silverline Cu 380Ag/ Cu 200Ag

<b>Description</b>	In Silverline the copper wire has Silver Core, which prevents copper wire from fragmenting, with uterine fluids. A Copper wire with silver core wound on polyethylene frame having thread tied at bottom of vertical arm. Silverline Cu 200 Ag & Cu 380 Ag IUDs offer almost complete protection against pregnancy, having a shelf life of 5 years and effective period of 3 years (for Cu 200 Ag ) and 5 years (for Cu 380Ag).
<b>Long acting</b>	Silverline Cu 200Ag remains effective for up to 3 years. Silverline Cu 380Ag remains effective for up to 5 years.
<b>Shelf life</b>	Shelf life of Silverline Cu 200Ag and Cu 380Ag is 5 years.
<b>Convenience</b>	An IUD does not require daily attention from the user and does not interfere with sexual activity.
<b>Timing of Insertion</b>	An IUD may be inserted any time during menstrual cycle.
<b>Reversibility</b>	Once IUD is removed contraceptive protection is reversed.
<b>Reinsertion</b>	A new IUD can be inserted immediately after the old device is removed.
<b>Non hormonal</b>	Because it contains no hormones Silverline Cu 200Ag/ 380Ag does not affect lactation, It also avoids side effects common to hormonal methods.
<b>Administration</b>	To be inserted in the uterus only by or the supervision of the doctor  <b>The device is for single use only.</b>

### Side effects

Women using Silverline 200Ag/380Ag model should be informed about the side effects of IUD which are given below.

<b>Pain and Bleeding</b>	Pains and bleeding are two common side effects of this IUD. Women may have some bleeding following insertion of an IUD. Menstrual cramps may develop or worsen; cramping is severe in first few months and diminishes later on. Menstrual bleeding may be severe and of longer duration, bleeding between menstrual cycles can occur during the initial 2-3 months. As with cramping heavier bleeding decreases with time. As a result of bleeding iron deficiency may be induced in some cases.
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### **CONTRAINDICATIONS (ABSOLUTE)**

1. Malignant diseases of the genital tract
2. Vaginal bleeding
3. Pregnancy
4. Past history of ectopic pregnancy or predisposing factors
5. Infections of the genital tract
6. Sexually transmitted diseases during the last 12 months (except bacterial vaginitis, repeated herpes infection, Hepatitis B)
7. Abortion with infection during the last 3 months, pelvic inflammatory disease
8. Uterine malformations (congenital or acquired)
9. Allergy to copper

### **CONTRAINDICATIONS (RELATIVE)**

1. Anaemia
2. Valvular heart disease
3. Coagulation disorders
4. Anti-inflammatory treatment
5. Wilson's disease
6. Multiple exposures to different sexual partners
7. Nulliparity

### **Counseling**

Women should be offered a choice of contraceptive methods and be informed of the advantages and disadvantages of each.

#### Healthcare provider should give the woman information about ;

- Who can use and should not use an IUD.
- Comparison of IUDs to other methods highlighting advantages.
- How Copper IUDs work.
- Safety and effectiveness of the Silverline Cu 200Ag/ 380Ag.
- Insertion and removal process;
- How to check for the IUD string and what to do if it cannot be felt.
- Identification and management of minor side effects.
- Importance of using a condom and/or spermicide in addition to the IUD if at risks of STD's.
- Signs of potential complications including pregnancy;
- Reason for removal.
- Where to seek help should problems occur.
- Schedule for routine checkups and reminder card for date of removal.
- Assure clients they are welcome to return to the health facility if they are concerned about any aspect of IUD use.

## **Mechanism Of Action**

Various hypothesis have been advanced over the years about the mechanism of action of IUD's including interference with sperm transport, ovum transport or development, fertilization and implantation. Until 1980's it was believed that IUD worked mainly by causing an inflammatory response to a foreign body in uterus thereby interfering with implantation of a fertilized egg in uterine wall. The consensus on informed opinion has now changed.

It is now believed that Copper IUD's prevent fertilization by reducing the number and viability of sperm reaching the egg, and by impeding the number and movement of eggs in the uterus. The continuous release of copper from coils of silvelrine Cu 200Ag/380Ag into uterine cavity is supposed to enhance the contraceptive effect of IUD.