PATIENT GUIDE

What to Expect After Your IUD Removal

IUD removal is a quick, routine procedure, and most people feel completely normal within a day or two. Here's what's typical afterward, when to reach out to us, and what your options are if you're not ready to be without birth control — or if you're hoping to conceive.

Prior to Your Appointment

- Take an over-the-counter pain reliever such as ibuprofen or acetaminophen (Tylenol) about 30 minutes before your appointment.
- Let us know if you've had a difficult removal before, if your strings weren't visible at your last check, or if you'd like to discuss extra pain management options such as Penthrox (the “green whistle”) inhaled gas.
- If you don't wish to become pregnant, abstain from intercourse for 5 days prior to your removal. Sperm can survive for up to 5 days, so intercourse in the days before removal can lead to pregnancy once the IUD is out.

In the First 24–48 Hours

- Mild cramping, similar to period cramps, is common and usually settles within a day.
- Light spotting or brown discharge for a few days is normal.
- A heating pad and over-the-counter pain relief (e.g., ibuprofen) can help with cramping.
- You can return to normal activity, including exercise, right away if you feel up to it.

In the Days and Weeks After

- Your natural cycle will return as the hormone from your hormonal IUD (e.g., Mirena, Kyleena) clears your system — this can take anywhere from a few days to a couple of months. Some people notice a return of PMS symptoms, acne, or mood changes they hadn't had while on the IUD — this is your natural hormone pattern returning, not a problem.
- Fertility returns almost immediately after your IUD is removed — you can conceive as early as your very next cycle. If you are not trying to become pregnant, have a backup method ready before your appointment.

Call Us If You Notice:

- Bleeding that soaks through a pad or tampon every hour for 2+ hours
- Fever, chills, or foul-smelling discharge
- Severe or worsening pelvic pain (beyond typical period-like cramping)
- Signs you may be pregnant unexpectedly (missed period, pregnancy symptoms)

Not Ready to Be Off Birth Control?

You don't have to leave your appointment without a plan. In many cases, we can insert a new IUD, Nexplanon implant, or discuss another method during the same visit as your removal — no need to book a separate appointment or go without coverage in between.

See the full list of options on the next page, or ask your provider what's the best fit for you.

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Your Birth Control Options

There are several effective ways to prevent pregnancy. The table below gives a quick overview — methods marked with a checkmark are ones we can start or manage right here at Mint, often the same day.

Method	How it works	How long it lasts	Effective Rate	At Mint
Hormonal IUD	T-shaped device in the uterus; releases hormone locally	5–8 years	>99%	✓
Copper IUD	T-shaped device wrapped in copper wire; hormone-free	Up to 10 years	>99%	✓
Implant (Nexplanon)	Small rod under the skin of the upper arm; releases hormone	Up to 3 years	>99%	✓
Birth control pill	Daily oral hormone tablet	Taken daily	~91%	✓
Patch	Adhesive patch changed weekly	Changed weekly	~91%	✓
Vaginal ring	Flexible ring changed monthly	Changed monthly	~91%	✓
Injection (Depo-Provera)	Hormone injection every 3 months	Every 3 months	~94%	–
Fertility awareness / cycle tracking	Tracks ovulation signs to identify fertile days	Ongoing	76–98%	✓

✓ = performed at Mint – = available by referral. Effectiveness reflects typical use.

• Switching is easy. If you'd like to try a different method than the one you just had removed, ask your provider — many switches can happen at the same visit.

Thinking About Getting Pregnant?

If you're removing your IUD because you're ready to start or grow your family, here's how to set yourself up well:

- Start a prenatal vitamin with folic acid now — ideally at least 1 month before you start trying.
- Track your cycle so you know your fertile window; ovulation predictor kits or basal body temperature tracking can help pinpoint timing.
- Support your overall health — sleep, nutrition, stress management, and reducing alcohol/smoking all support fertility for both partners. Certain supplements and herbs (e.g., CoQ10, vitamin D, myo-inositol, or vitex/chasteberry) may also help — ask us which ones are right for you.
- Most people conceive within the first year of trying (about 85–90% under age 35). It's normal for it to take a few cycles.
- When to check in with us: reach out any time you'd like to discuss optimizing your fertility, if you haven't conceived after 6 months of trying, or if you have any concerns about your fertility.

Mint's Fertility Assessment Program

We offer in-house fertility assessments — including ultrasound and bloodwork — to check ovarian reserve, cycle health, and uterine anatomy. It's a great next step whether you're just starting to try or want a head start on understanding your fertility. Ask us to book one anytime.

Questions? We're here to help.

Book online at mintreproductivehealth.com, or call our front desk to schedule your next visit.