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| Primary Care Shared Connection | |
| May 2024 Coil (missing threads) | |
| The ICB supports practices by analysing themes from Significant Events. On some occasions, themes or single events are identified that require prompt sharing to all Primary Care practices to enable learning. | |
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| Particular Interest | All Staff Practice Managers GP’s Nursing AHP Clerical Other |
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| Summary | * 5/9/2023 Patient had Mirena coil inserted, and consultation notes stated no Sexual Intercourse since Last Menstrual Period. * 14/11/2023 10 weeks following insertion, patient contacted the practice for a routine telephone call stating she could not feel the coil threads since insertion. Patient stated she had severe pain 3 days post insertion and some spotting but that had since settled. Patient offered face to face appointment. Alternative oral contraception declined. * 6 days post telephone call, examination confirmed no coil threads visible, unable to retrieve manually with thread retrievers. USS arranged, contraception re-offered and declined. Patient was using condoms. Safety netted for symptoms of perforation. * 03/01/2024 patient contacted the surgery as no USS yet. Felt unwell so did a pregnancy test at home which was positive. * 5/01/2024 USS via EPAU confirmed pregnancy estimated 20+6. Mirena not noted on USS. |
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| Impact | * Psychological distress to patient. * Family implications, another child at timing not of choice. * Missed ante natal care, folate/Vit D. * Missed dating scan- cut off time for anomaly scan so limited views. * Fewer termination options if patient had not wanted to continue pregnancy. * Unable to locate IUS as AXR contraindicated. * Potential adverse effects on pregnancy and foetus if IUS is insitu. |
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| Identified learning | * Missed opportunity for pregnancy test on initial telephone consult. * Emergency contraception (EC) not considered. * Instrumental thread retrieval attempt prior to USS and negative pregnancy test. * If perforation suspected, USS can be made urgent. Unfortunately, local USS wait times were more than 2 weeks. * If no threads are visible on speculum examination, pregnancy should be excluded, EC considered, alternative contraception provided, and an USS (± abdominal and pelvic X-ray) undertaken to locate the device**.** [**FSRH guidance can be found here**](https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/) |
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| Suggested actions | * All primary care clinicians must be aware of the [FSRH guidance](https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/) relating to missing coil threads. There is a flowchart embedded within the document, can be printed, and laminated for easy review in clinical rooms. * Pregnancy tests readily available for all staff to use if clinically indicated. * Practices to review safety netting information given to patients including [thread checks](https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/) |
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| For further information and support contact: | Primary Care Quality:   * Southampton: [sarahrochford@nhs.net](mailto:sarahrochford@nhs.net) * Hampshire: [hiowicb-hsi.hampshire.quality.primarycare@nhs.net](mailto:hiowicb-hsi.hampshire.quality.primarycare@nhs.net) * Portsmouth: [stephen.orobio@nhs.net](mailto:stephen.orobio@nhs.net) * Isle of Wight: [leo.harverson1@nhs.net](mailto:leo.harverson1@nhs.net) |