A Closer Look at the Bayer Inserters

With the Bayer Inserters, Skyla® and Mirena® have the same innovative inserter design and insertion technique*

**SKYLA**
A small, rounded, flexible T-body
28 mm x 30 mm

**Thin, flexible insertion tube**
3.8 mm diameter

**MIRENA**
A small, rounded, flexible T-body
32 mm x 32 mm

**Thin, flexible insertion tube**
4.4 mm diameter

*Review the preparatory steps to ensure that the patient is appropriate for Skyla or Mirena.

Visit MirenaLearningCenter.com to learn more about the Bayer Inserter for Mirena.

**IMPORTANT SAFETY INFORMATION ABOUT SKYLA AND MIRENA (continued)**

**Educate her about PID**

IUDs have been associated with an increased risk of PID, most likely due to organisms being introduced into the uterus during insertion. Inform women about the possibility of PID and that PID can cause tubal damage leading to ectopic pregnancy or infertility, or infrequently can necessitate hysterectomy, or cause death. PID is often associated with sexually transmitted infections (STIs); Skyla and Mirena do not protect against STIs, including HIV.

In clinical trials with:
- Skyla – PID occurred more frequently within the first year and most often within the first month after insertion.
- Mirena – upper genital infections, including PID, occurred more frequently within the first year. In a clinical trial with other IUDs and a clinical trial with an IUD similar to Mirena, the highest rate occurred within the first month after insertion.

**Expect changes in bleeding patterns with Skyla and Mirena**

Spotting and irregular or heavy bleeding may occur during the first 3 to 6 months. Periods may become shorter and/or lighter thereafter. Cycles may remain irregular, become infrequent, or even cease. Consider pregnancy if menstruation does not occur within 6 weeks of the onset of previous menstruation.

**Be aware of other serious complications and most common adverse reactions**

Some serious complications with IUDs like Skyla and Mirena are expulsion, sepsis, and perforation. Perforation may reduce contraceptive efficacy. The risk of perforation is higher if inserted in lactating women and may be higher if inserted in women who are postpartum or when the uterus is fixed retroverted.

Ovarian cysts may occur and are generally asymptomatic, but may be accompanied by pelvic pain or dyspareunia. Evaluate persistent enlarged ovarian cysts.

In clinical trials with:
- Skyla – the most common adverse reactions (≥5% users) were vulvovaginitis (20.2%), abdominal/pelvic pain (18.9%), acne/seborrhea (15.0%), ovarian cyst (13.3%), headache (12.4%), dysmenorrhea (8.6%), breast pain/discomfort (6.6%), increased bleeding (7.8%), and nausea (5.5%).
- Mirena – the most common adverse reactions (≥5% users) are uterine/vaginal bleeding alterations (51.9%), amenorrhea (23.9%), intermenstrual bleeding and spotting (23.4%), abdominal/pelvic pain (12.8%), ovarian cysts (12%), headache/migraine (7.7%), acne (7.2%), depressed/altered mood (6.4%), menorrhagia (6.3%), breast tenderness/pain (4.9%), vaginal discharge (4.9%) and IUD expulsion (4.9%).

Teach patients to recognize and immediately report signs or symptoms of the aforementioned conditions. Evaluate patients 4 to 6 weeks after insertion of Skyla or Mirena and then yearly or more often if clinically indicated.

PLEASE SEE ACCOMPANYING FULL PRESCRIBING INFORMATION FOR SKYLA AND MIRENA.