FC05

ReLARC: Reversible safe hysteroscopic approach for long acting contraception and an alternative to laparoscopic and hysteroscopic sterilization.

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Abstract

AIM: To demonstrate a novel hysteroscopic insertion technique with direct visualization of a frameless, anchored intrauterine contraceptive device (ReLARC) with a duration of action of 3 or 10 years.

Methods: Patients requesting hormone free contraception, or who presented IUD problems, were evaluated by hysteroscopy and fitted with a ReLARC intrauterine copper device (3 or 10 years duration of action). Ultrasound was performed before and immediately following insertion and at 4-8 weeks follow up to measure the position of the anchor (fixation). A minimum fundus thickness of 11 mm is required for a safe insertion.

Results: From 2014 to 2021, 568 patients received a ReLARC. Ultrasound evaluation at follow up confirmed correct positioning in 99 % of all cases. Reinsertions were done in 6 cases (1%) where anchor fixation may have been insufficient. 2 expulsions (0,3 %) have been reported. There were no early removal requests due to side effects.

Conclusion: ReLARC is 2.5 mm wide and its flexible design ensures compatibility with individual variations in uterine cavity size or shape. In contrast to most other IUD's it can be used in patients with several uterine abnormalities. This geometric compatibility and the fact that it is placed under direct sight results in fewer side effects such as displacement, perforation or expulsion. Following insertion, the anchor will remain fixed at 5-8 mm depth in the fundal myometrium. If the knot is observed to be in the same position during the ultrasound control, there is 0,3% risk of expulsion. ReLARC can be inserted in an office setting using a 5 mm hysteroscope. Full anesthesia is recommended if other intrauterine procedures are necessary or occasionally on patient request.

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