Removal instructions GyneFix®/Gyn-CS®/ReLARC®

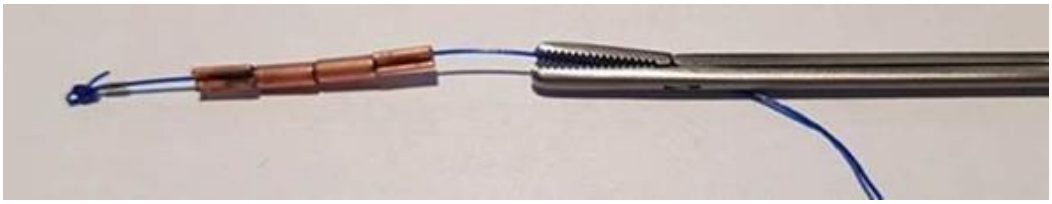
GyneFix® and ReLARC® can be removed anytime.
Gyn-CS® can be removed 4 weeks following insertion.

GyneFix®/Gyn-CS®/ReLARC® are simply removed by a short and strong pull at the tail.

Experience has shown that if the patient coughs at the very moment of quick-pull removal, pain sensations are usually minimal. Removal may be associated with some pain, bleeding and/or vasovagal reactions (e.g., syncope, bradycardia, seizures) in patients with a predisposition to these conditions.

The removal force is on average three to four times the force to remove a T-shaped device (Batár, I. and D. Wildemeersch, 2004; Wildemeersch, D. 2004; D' Souza, R. *et al.*, 2003; Wildemeersch, D. *et al*., 2003; Wildemeersch, D. *et al*., 1988). The study of D' Souza, R. *et al.* (2003) indicates that although GyneFix® removal requires significantly more force as compared with T-shaped devices this does not translate into more pain.

Removal can be done with different kinds of instruments. Although we recommend a **thin crocodile/alligator forceps.**



Alligator/crocodile forceps.

If the thread is not visible, presence of the device can be assessed by ultrasound examination. If a blind attempt is unsuccessful, removal can be accomplished through the **hysteroscope** using a **thin alligator/crocodile forceps.**

Forceps passing through a scope.

GyneFix®/ReLARC® can be inserted immediately after removal of GyneFix®/Gyn-CS®/ReLARC®, if continued contraceptive protection is desired. If it is suspected that the device is not in the correct position at the time of insertion or thereafter, it should be removed, and a new device can be inserted immediately.

ATTENTION

- **Be careful to avoid grasping the copper tubes! (they may slide from the thread)**
- **Make sure that the device is completely removed!**

For further information please contact: info@contrel.be.

References

1. **Batár, I. and Wildemeerch, D.** 2004. "The reliability of the anchoring concept for suspension of bioactive substances in the human uterus evaluated by measuring the removal force: results after long-term use". Received 9 June 2003; received in revised form 30 October 2003; accepted 10 November 2003. Contraception 69 (2004) 501–503. https://pubmed.ncbi.nlm.nih.gov/15157797/.
2. **Wildemeersch, D.** 2004. "The force required to remove the frameless 0-suture IUD anchoring system: comparison between pre- and postmenopausal women. Received 9 June 2003; received in revised form 30 October 2003; accepted 11 November 2003. Contraception 69 (2004) 513–515. https://pubmed.ncbi.nlm.nih.gov/15157799/.
3. **D'Souza, R., Bounds, W. and J. Guillebaud.** 2003. "Comparative trial of the force required for, and pain of, removing GyneFix® versus Gyne-T380S® following randomised insertion". Journal of Family Planning and Reproductive Health Care 2003; 29(2): 29–31. https://pubmed.ncbi.nlm.nih.gov/12681034/.
4. **Wildemeersch, D., Batár, I., Affandi, B., Andrade, A., Shangchun, W., Jing, H. and C. Xiaoming.** 2003. "The 'frameless' intrauterine system for long-term, reversible contraception: A review of 15 years of clinical experience". J Obstet Gynaecol Res. 2003 Jun;29(3):164-73. doi: 10.1046/j.1341-8076.2003.00095.x. https://pubmed.ncbi.nlm.nih.gov/12841701/.
5. **Wildemeersch, D., Van der Pas, H., Thiery, M. Van Kets, H., Parewijck, W. and W. Delbarge.** 1988. "The Copper-Fix (Cu-Fix): anew concept in UID technology". Adv. Contracep. 4 (1988) 197-205. https://pubmed.ncbi.nlm.nih.gov/3071109/.