## Long-acting contraceptive choices

<table>
<thead>
<tr>
<th>Description</th>
<th>Typical failure rates</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Approximate initial costs*</th>
</tr>
</thead>
</table>
| **Intrauterine Device**      | First year: 0.1 – 1%  
**Long-term:** Around 10 to 30 per 1000 users at four years | Can stay in for ten years  
Women over 40 years can retain any copper IUD until menopause  
No delay in return to fertility if removed | 1% chance of pelvic infection near time of insertion  
3 to 5% expelled by the uterus  
Periods may be heavier/more painful – can be managed with anti-inflammatory medication (NSAIDs) | To be advised                                                                                     |
| **Mirena IUS**               | First year: 0.20%  
**Long-term:** Less than 10 out of 1000 women over five years | Periods become lighter, shorter, and less painful  
One in five women have no periods  
Reduces need for investigation and surgical management of heavy bleeding  
Also shown to improve pain associated with endometriosis | Light irregular bleeding or spotting common 1st 6 months  
1% notice minor hormonal side effects  
1% chance of pelvic infection near time of insertion  
3 to 5% expelled by the uterus | About $350 – $400 per 5yrs plus insertion fee                                                     |
| **Jaydess IUS**              | First year: 0.41%  
**Long-term:** Less than 10 out of 1000 women over three years | Lasts for three years  
Smaller so may give less pain on insertion, but this has not been formally compared to other devices | Only licensed for contraception, not for period control  
Although risk of pregnancy is low, around half of pregnancies occurring with Jaydess are likely to be ectopic  
Similar side effects to IUS, but less likely for periods to stop | $275 per three years plus insertion cost                                                          |
## Long-acting contraceptive choices

<table>
<thead>
<tr>
<th>Description</th>
<th>Typical failure rates</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Approximate initial costs*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implants</strong></td>
<td>Small, flexible rod(s) that are put under the skin and release small amounts of Progestogen</td>
<td>First year: 0.10% Long-term: Around 10 out of 1000 women over three years (Jadelle), less than one out of 1000 women over three years (Implanon)</td>
<td>Lasts three to five years depending on the device used</td>
<td>Bleeding pattern will change with one in five having no bleeding, one in five having bleeding that causes distress</td>
</tr>
<tr>
<td><strong>Depo Provera</strong></td>
<td>An injection of progestogen that lasts 12 weeks Stops the ovaries releasing an egg</td>
<td>First year: 0.30% Long-term: Less than four out of 1000 women over two years</td>
<td>Lasts for 12 weeks Chance of little or no bleeding increases with length of time used With continued use, around 75% have no bleeding</td>
<td>Unwanted effects can include weight gain and acne Irregular bleeding may occur in first six to 12 months of use Can't be removed, must wait for it to wear off if side effects occur Can be delay in return to fertility of up to one year after stopping Small reversible reduction in bone density may occur during use</td>
</tr>
<tr>
<td><strong>Vasectomy</strong> (male sterilisation)</td>
<td>The tubes that carry sperm from the testicles to the penis are cut</td>
<td>First year: 0.15% Long-term: One out of 2000 procedures</td>
<td>Permanent Short operation done under local anaesthetic</td>
<td>Cannot rely on vasectomy as contraception for about two months Not easily reversible May be bruising or swelling for a short time – avoid strenuous exercise for one week</td>
</tr>
</tbody>
</table>
## Long-acting contraceptive choices

<table>
<thead>
<tr>
<th>Description</th>
<th>Typical failure rates</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Approximate initial costs*</th>
</tr>
</thead>
</table>
| Tubal sterilisation (female sterilisation) | The fallopian tubes are cut or blocked, which stops the egg getting to the uterus | First year: 0.50%  
**Long term:** 18 out of 1000 procedures within 10 years of the procedure | Permanent | Requires a general anaesthetic  
All operations carry some risk but the risk of serious complications is low  
Need to use or continue alternative contraception for one month  
If hormonal contraception is stopped periods may become heavier/more painful  
Reversal is difficult  
Discomfort for a few days and may need to take things easy for about one week | Free in public health system if you meet specific criteria, otherwise expensive – several thousand dollars |

*Please note that in some situations there are alternative ways of funding these methods. Your general practitioner will be aware of these.*

---

*Updated June 2017.*