



Inara

Cu 250 Sleek

INDICATION

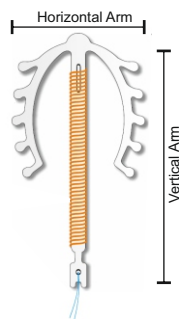
Inara model IUD is indicated for conception control

INTENDED USE

Inara IUD offers almost complete protection against pregnancy, having a shelf life of 5 years. Inara Cu 250 Sleek remains effective for a period of 3 years.

DEVICE DESCRIPTION

The Inara IUD is an intrauterine contraceptive device made of polyethylene. The stem is covered with copper wire, and the total surface of the copper is approx. 250 mm² for Cu 250 Sleek. The side arms are flexible and shaped in such a way as to keep the IUD adjacent to the fundus, without stretching the uterine cavity or touching the cornua. The contraceptive action of the device is probably due to a number of foreign body reactions with the uterine endometrium.



Product	Horizontal Arm Diameter	Vertical Arm Diameter
Inara Cu 250 Sleek	17.31 mm to 19.13 mm	29.00 mm to 29.70 mm

MECHANISM OF ACTION

Copper IUDs act by greatly reducing the likelihood of fertilization. Data and analysis indicate that the main antifertility effect of copper-bearing IUDs involves the inhibition of egg or sperm transport and/or the capacity of sperm to fertilize an egg. Reduced gamete transport and capacitation inhibit fertilization and occur before the ovum reaches the uterine cavity.

UNDESIRABLE EFFECTS OF THE PRODUCT, INCLUDING THEIR FREQUENCY AND TIMING

Adverse effects of intrauterine devices, including Inara IUD, are low but include the following:

1) Bleeding:

Menstrual bleeding is sometimes stronger and of longer duration than normal, or is more painful. Iron deficiency anemia may then occur in individual cases. Slight intermenstrual bleeding, often in the form of spotting, may occur but usually subsides spontaneously.

2) Pelvic Infection:

The risk of pelvic infection (salpingitis), usually requiring removal of the intrauterine device and appropriate antibiotic treatment, may occur and may lead to subsequent infertility. Randomized, controlled studies indicate that any risk of genital tract infection after the first month of IUD is low. Exposure to sexually transmitted infections (STIs), and not the use of the IUD itself, is responsible for PID occurring after the first month of use.

3) Pain or Dysmenorrhea:

Pain in the lower abdomen or sacral area may occur initially after insertion but usually subsides with time or with analgesic treatment. Pain may be a physiological response to the presence of the device, but the possibility of infection, improper positioning of the device (including perforation and migration) and pregnancy should be excluded. Delayed detection of perforation may lead to IUD migration outside the uterine cavity and/or injury to other adjacent organs, and unintended pregnancy.

4) Other:

Certain women, in particular nulliparous women, are more susceptible to syncope, bradycardia, and other neurovascular episodes during and immediately after the insertion or removal of an intrauterine device. Isolated cases of skin reactions have been described in the literature which may be attributable to copper allergy.

WHEN SHOULD INARA IUD BE INSERTED?

Inara IUD should be inserted only when the woman is not pregnant. The best time for insertion is during menstruation, to prevent insertion during a non-diagnosed pregnancy. At this time the external and internal cervical os are physiologically dilated. This facilitates the insertion of the IUD without the need to dilate the canal in most instances. Alternatively, the IUD may be introduced within 3 days of unprotected coitus or within 15 minutes of delivery of the placenta or abortion in these last two cases a higher expulsion rate must be accepted. Insertion immediately after unprotected coitus can increase the risk of PID (pelvic inflammatory disease).

If the IUD cannot be inserted immediately after delivery of the placenta or abortion, insertion should be delayed for at least six weeks. In the case of caesarean section insertion should be delayed for 12 weeks after delivery.

Prior to insertion the vagina and cervix should be cleansed with an antiseptic solution. The cervical canal should also be cleansed with the same solution. It is essential to determine the exact position of the uterus by bimanual pelvic palpation so that the Inara IUD can

be inserted along its longitudinal axis. This can be accomplished by grasping the anterior or posterior lip of the cervix, depending on whether the uterus is anteverted or retroverted.

In case of vasovagal reactions after the use of forceps, local anaesthetics can be injected into and around the cervix.

INSERTION

HOW IS INARA IUD INSERTED?

After examining the uterus to determine its position, size, and condition, a speculum is inserted into the vagina (as for a Pap smear) and the cervix. The vagina is cleansed with an antiseptic lotion. The uterus is held steady while depth is sounded. The doctor uses a slender flexible transparent plastic tube to insert Inara IUD into the uterus.

Hysterometry should be carried out and the depth of the uterus marked in the cursor around the Inara IUD inserter. The Inara IUD is then gently inserted until the marker touches the cervix which means that the tip of the IUD has reached the fundus. The applicator is then pulled off, releasing the Inara IUD into the uterus. After the insertion, the two strings attached to the device extend into the vagina so that the presence of the device is felt by the doctor or for self-examination. The threads protruding from the cervical canal are then cut, leaving 3-4 cm outside the cervical os.

INSERTING STEPS

STEP 1

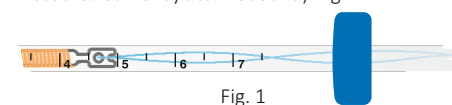
Lay the Inara IUD pack on a flat surface. Strip the wrapping from the device by lifting the transparent sheet of the pack from the end marked open.

STEP 2

The vertical stem of the device is already preloaded in the insertion tube. The side arms do not require loading into the tube. They are sufficiently flexible to adapt to the shape of the cervical canal.

STEP 3

Pick up the insertion tube (with pre-loaded IUD) grasp the tube at the indentation near its distal end and move the flange to the distance corresponding to the sound length in cm. Adjust the movable flange depth gauge with the help of the scale printed on the label insert or use the pre-printed scale on the insertion tube so that it indicates the depth of the uterus (as measured earlier by uterine sound). Fig. 1



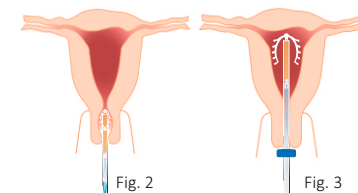
STEP 4

Lift the insertion tube (with pre-loaded IUD) from its packet. Make sure that the tube is held with the Inara IUDs upwards so that it does not fall off the tube.

STEP 5

Carefully insert the Inara IUD into the uterus until it touches the fundus and the

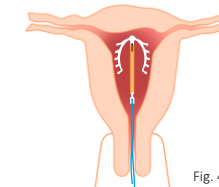
flange rests against the external os while maintaining steady downward traction with the tenaculum to straighten the uterine axis. No attempt should be made to force insertion. Fig 2 and Fig. 3



STEP 6

When Inara IUD touches the fundus, it is released into the uterine cavity by simply withdrawing the insertion tube. During this procedure continue to apply onward traction with the tenaculum. No inserter rod is required to insert the Inara IUD.

Check the cervical canal with the sound to ensure that the tail of Inara IUD is entirely within the uterine cavity. Trim the threads of the Inara IUD to 3-4 cm measured from the external os. Fig. 4



STEP 7

It is imperative to follow precisely the recommended insertion procedure in order to minimize the risks of sub-endometrial insertion which will lead to partial embedding of the IUD and may increase the risk of perforations.

DIRECTIONS FOR IUD USERS

1. Longer and heavier menstrual periods, or bleeding or spotting between periods may occur during the first weeks after insertion. If they continue or are severe, report to the clinic.
2. Cramping may occur following insertion, usually for a short time, but could last for several hours to even days. This can be relieved by taking mild analgesic tablets, using hot compresses on the abdomen, and/or exercising moderately.
3. Check periodically, and particularly after menstruation, to make certain that the threads still protrude from the cervix. If threads are missing, shorter or longer, return to the clinic.
4. If Copper IUD is expelled, return to the clinic. There is no continuing protection after expulsion.
5. Return to the clinic for a check-up or for replacement of the Copper IUD (end of five/three years after insertion), as instructed by a physician.
6. If your period is delayed (with symptoms of pregnancy, Such as nausea, tender breasts, etc...) report immediately to the clinic.
7. If there is abdominal pain, pain during intercourse, infections (such as gonorrhoea), abnormal discharge, fever, or chills consult your physician.

8. Inara intrauterine contraceptive device doesn't interact with any medicine the woman may be taking.
 9. Use of menstrual cups or tampons may lead to movement or expulsion of the IUD, but there is no certainty as the link between the use of the menstrual cups or tampons with the IUD expulsions has not been established. The possibility of a suction effect on the IUD, when the menstrual cup is withdrawn, has been suggested as the cause of expulsion. Hence, women are advised to break the suction before removing the cup.

PRECAUTIONS

A thorough medical history and pelvic examination are mandatory to exclude women with contra-indications, i.e., vaginal and cervical infections. It is also advisable to take a vaginal and cervical culture before inserting the IUD to prevent PID. Finally, a pelvic examination to determine the position of the uterus will enable the IUD to be inserted correctly.

The Inara IUD is designed for women with a uterine cavity depth of 6-9 cm. One month after the insertion of an IUD the woman must be re-examined to determine whether the IUD is properly placed and if there are signs of infection.

Pelvic inflammatory diseases rising IUD use should be treated without delay for this reason the user must be instructed to report to her physician if there are suspicious signs or symptoms. This can be ascertained by gynaecological examination and/or ultrasound (if available). If there is no response after 48 hours of antibiotic treatment, or if there are signs of PID, the Inara IUD must be removed immediately.

Excessive bleeding or dysmenorrhoea during the first cycle after insertion should also be carefully assessed to see if it is caused by the IUD, in which case it might have to be removed.

The possibility of perforation of the uterus during insertion should always be considered, especially if the nylon thread is invisible or cannot be pulled out of the cervical canal. If there are any doubts (if the IUD is extremely difficult or painful to insert) the appropriate diagnostic techniques should be used (flat X-ray of the pelvis, ultrasonography, hysteroscopy, laparoscopy). If the nylon thread appears to be longer than it was when it was inserted, an ultra-sonogram should be carried out to determine if the IUD has been displaced, which might decrease its contraceptive efficacy.

If a woman gets pregnant with IUD in place, there is a chance of having an ectopic pregnancy, which should be evaluated.

REMOVAL INSTRUCTIONS

The Inara IUD should be replaced every 5 years in the case of Cu 375 and Cu 375 sleek and every 3 years in the case of Cu 250 and Cu 250 sleek. Again, during menstruation is the most appropriate time to remove the IUD, since both the internal and cervical os are fully dilated.

Using a gentle, "no-touch" (aseptic) technique throughout, perform the following steps to remove IUD:
 STEP 1: Give the woman a brief overview of the procedure, encourage her to ask questions, and provide reassurance as needed. Remind her to let you know if she feels any pain.

STEP 2: Put clean/high-level disinfected gloves on both hands.

STEP 3: Insert a high-level disinfected (or sterile) speculum and visualize the cervix and the IUD strings. If the strings cannot be seen, manage them as missing strings.

STEP 4: Thoroughly apply an appropriate antiseptic (e.g., povidone iodine or chlorhexidine) two or more times to the cervix (Wiping from inside the os outward) and vagina. If povidone-iodine is used, ensure that the woman is not allergic to iodine and wait 2 minutes for the solution to act. Ask her to take slow, deep breaths and relax. Inform her that she may feel some discomfort and cramping, which is normal. Do not use force at any stage of this procedure. Grasp the strings of the IUD with high-level disinfected (or sterile) straight artery forceps. Apply steady but gentle traction, gently pulling the strings toward you with the forceps. The device can usually be removed without difficulty. If the strings break off but the IUD is visible, grasp the device with the forceps and remove it. If removal is difficult, do not use excessive force.

ACTIONS TO BE TAKEN DURING DIFFICULTY IN REMOVING

- Attempt a gentle, slow twisting of the IUD while gently pulling.
- Continue as long as the woman remains comfortable.
- If the IUD can still not be removed, refer the woman to a specially trained provider who can dilate the cervix.
- If there seems to be a sharp angle between the uterus and cervix:
- Place a high-level disinfected (or sterile) vulsellum on the cervix, and apply gentle traction downward and outward.
- Attempt a gentle, slow twisting of the IUD while gently pulling.
- Continue as long as the woman remains comfortable.
- If the IUD can still not be removed, refer the woman to a specially trained provider.

FOLLOWUP GUIDELINE FOR PHYSICIANS

The Physician should encourage the user to come for 4 to 6 weeks follow-up after the IUD insertion.

In case of any problem or doubt regarding the usage of Inara IUD, during follow-up, the physician should pay particular attention to the following points:

1. Heavier bleeding, indicates the possibility of anaemia.
2. If pregnancy has occurred, the Copper IUD should be removed, if possible.
3. If a woman gets pregnant with IUD in place, there is a chance of having an ectopic pregnancy, which should be evaluated.

DISPOSAL

On completion of shelf life or on removal after use, dispose of the items as per the local regulations governing the disposal of non-recyclable waste /medical waste.

DO NOT RE-USE

Inara IUD is for single use only and should not be reused

WARNING AND PRECAUTION:

Prior to use, inspect the package for any visible damage or defect.

CONTRAINDICATIONS (ABSOLUTE)

1. Malignant diseases of the genital tract
2. Undiagnosed vaginal bleeding
3. Pregnancy
4. Past history of ectopic pregnancy or predisposing factors
5. Infections of the genital tract
6. Sexually transmitted diseases during the last 12 months (except bacterial vaginitis, repeated herpes infection, Hepatitis B)
7. Abortion with infection during the last 3 months pelvic inflammatory disease
8. Uterine malformations (congenital or acquired)
9. Allergy to copper

CONTRAINDICATIONS (RELATIVE)

1. Anaemia
2. Valvular heart disease
3. Coagulation disorders
4. Wilson's disease
5. Multiple exposures to different sexual partners

INCOMPATIBILITIES

- 1) An anatomical abnormality that distorts the uterine cavity might preclude proper IUD placement.
- 2) Incompatibility between the IUD and the uterine cavity can lead to partial or total expulsion, pain, unintended pregnancy, and abnormal or heavy uterine bleeding leading to removal of the device.

MRI COMPATIBILITY:

Radiotherapy or electrotherapy using high frequency current is contraindicated especially when it is applied in the area of the lower pelvis. With regard to the use of the continuous low-frequency current (ionization), it appears that it cannot have a harmful effect on women using a copper IUD. The energetic state of copper will not be modified by MRI; therefore, the effect of MRI on IUD cannot be estimated. In addition, based on the non-ferric characteristic of copper, scintigraphy obtained by MRI is not considered

The device is for single use only.

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