

Teri : Okay. This is the [Doc Dose 00:01:19], Piedmont Healthcare's brand new podcast, where we discuss the latest trends in health and wellness, with some of the brightest physicians and experts in the industry. I'm Teri Williams, along with my cohost, Jay Adams.

Jay: Today's show will focus on common questions women have about intrauterine devices, or IUDs, and our guest is Dr. Tia Guster. Dr. Guster is an OBGYN at Piedmont Newnan. She graduated with a Bachelor's degree from Emory University and earned her medical degree from UNC Chapel Hill. She completed her residency in obstetrics and gynecology at Emory University, and is a board certified member of the American Congress of Obstetricians ...

Jay: She completed her residency in obstetrics and gynecology at Emory University, and is board certified member of the American Congress of Obstetricians and Gynecologists, and the American Medical Association. Welcome, Dr. Guster.

Dr. Guster: Hey guys.

Teri : Hi.

Dr. Guster: Nice to see and meet everybody. Thanks for having me.

Teri : Yes, thanks for being on our show. We wanted to start off with this topic, particularly because of the image of the little baby holding the IUD. We know that IUD usage is on the rise.

Dr. Guster: Yay.

Teri : We know that women sometimes have a lot of questions about it. So, the first question is, what is an IUD?

Dr. Guster: Oh, so that's an awesome question. An IUD, well, it stands for an intrauterine device, and it's this tiny little flexible T, and when it's inserted, it goes in kind of like a little solider and then it's arms come out like a little ballerina. I've got one sitting back there on that little cup.

Jay: Oh, wow.

Dr. Guster: It's tiny.

Teri : That is tiny.

Jay: As the guy on this show, this is my first time seeing one.

Dr. Guster: Seeing an IUD. You want to pass it over? Not that the people in the podcast can see it, but that's our little mock up of an IUD.

Jay: This one right here?

Dr. Guster: Yep.

Teri : Wow. That's tiny.

Jay: It is tiny.

Dr. Guster: It really is teensy-weensy, because people are always like, "That little thing?" It really is that little thing.

Jay: Does it come in cool colors like that? That's pink.

Dr. Guster: You know, it does come in a couple of different iterations that are pretty cool, and the strings on the end are different depending on what device you're getting inserted. So, once it's in, all you can see are the strings. So, when you're looking you go, "If it's white string, it's this one. If it's a more darker one, it's this one." So you kind of know.

Jay: Oh, there you go.

Dr. Guster: But they're teeny and flexible.

Teri : How do they work?

Dr. Guster: IUDs work in two ways. They're divided into kind of non-hormonal and hormonal ways. So, the hormonal ones are the ones that are probably most familiar in American market. The Mirena, the Skyla. There's two newer ones, Lolita and The Kyleen, K-Y-L-E-E-N-A. They all work by having progestins in the little arms, and the progestins thicken cervical mucus so sperm can't get into the uterus, and it also thins the lining, so it's not a cute, lush place for you to have implantation. Then, it's kind of big sister, I say the grandmother of them all, is ParaGard, which is actually an IUD that has copper in the arms instead, and so that copper makes a sterile environment that's not amenable to sperm.

Jay: What is this procedure like? Does it hurt? It looks like it wouldn't hurt because it's so small.

Dr. Guster: Because it's so small?

Jay: Again, I don't know anything.

Dr. Guster: The cool thing about this IUD is that it can be inserted in the office, and I usually tell people it feels like a menstrual cramp, and everyone's got varying degrees of what their menstrual cramps feel like, but basically a cramp, because that's the pain sensor that the cervix can appreciate. So, the cervix, if you're looking at it, looks like a little donut with a little, tiny pinpoint hole in the middle. When we're having babies, it gets really big, but normally it's just really tiny. Just tiny enough for the inserter to fit through. The inserter looks like a coffee stirrer, and, literally, when you touch the cervix in that area it just feels like a cramp. So, I tell people, "Expect a cramp." I

usually say, "Why don't you take some Motrin before you come in, or some pain medicine, or have some ready available," because nobody just wants to feel crampy all day.

Teri : I had heard from a few people that it can hurt sometimes. But that's a good idea to take a little Advil or Tylenol or something to kind of ...

Dr. Guster: I definitely, from personal experience, I was hardheaded, I did not before I had it done. I was like, "Oh, that is a cramp." I was like, "Does anyone have some Motrin?" Then, after that I was like, "All right, well, it's fine." But I will say everyone has different pain thresholds. I have some people who get it put in, you can get it put in postpartum, usually done at your postpartum visit for most providers, and they're like, "Oh, you did it already? Oh, okay." People who don't have very bad menstrual cramps, they're usually like, "So, I felt that." So it does vary, but globally well tolerated.

Teri : Okay. How soon does it start working after it's inserted?

Dr. Guster: It actually works pretty quickly. The actual ParaGard IUD, or the copper IUD, that actually can be used as emergency contraception within several days of having unplanned intercourse. But, globally for my patients, I usually say, "Cover yourself for seven days, or abstain, and then you should be good to go."

Jay: So we know there's a lot of different forms of contraception out there, what are the benefits to using an IUD versus something else?

Dr. Guster: I love IUDs because they are long-acting, reversible contraception. So, once it's in, it is in. Very low rates of expulsion, because that has come up a couple of times, especially with that picture of the little baby. As you can see, clearly didn't go anywhere. But, basically, it just makes your day hands free. Contraception comes in a lot of different versions. There's a daily version, a weekly version, a monthly version, every 12 weeks version of it. So with this, once it's placed, you're secure. You've got three, five and ten year iterations of it.

Essentially, you're kind of good to go, so that's nice. It's just as effective, or maybe, sometimes depending on which device, even more effective than having your tubes tied. You've got a safeguard. We tell everybody nothing's 100% but abstinence, but this is getting pretty darn close. Then when you're ready to have your children, or ready to get it taken out, your fertility returns really, really quickly.

Jay: So, close enough is good, but we've brought this up a couple of times, this picture of the baby. If you didn't see this on your Facebook page or Twitter, there was a photo that went viral the first week of May that was of a baby that was just born, and in its hand was an IUD, which is amazing.

Dr. Guster: Amazing.

Jay: As soon as I saw it, I screenshotted it and sent it to my girlfriend, and she was dying.

Dr. Guster: She was dying? She was like, "Haha,"

Jay: Yeah, exactly.

Dr. Guster: IUD string checks went up around the world. Everybody's like, "I'm coming in to get my string check."

Jay: Exactly. So, how on Earth does something like that happen?

Dr. Guster: Actually, pretty miraculously, it's a very, very low likelihood that you would get pregnant. We usually quote for having your tubes tied somewhere like a 3 to 5 out of 1000%, so super low, like the 98, 99 percentile of the effects of this. So that's really, really rare. Even, I can think, maybe, one time in my whole career that someone's like, "I had the IUD, but we never found it." I definitely looked, and it wasn't there. Usually we're like, "Well, maybe it just came out and you didn't notice." But never have I had ...

Jay: How amazing.

Teri : No, that is, and the baby's holding it.

Jay: You may have plans, but guess what? He's holding it right in his hand.

Teri : For that to have happened, where would it have gone?

Dr. Guster: I heard, and I haven't officially verified and looked through the comments myself, essentially it was just ... I think that kid was delivered my C-section. So, they were looking for it. They were like, "Where could it possibly be?" Usually it gets caught up on the side of the uterus or behind the placenta or something like that, and so they found it and then they just gave it to the kid and he was like, "Ha ha. Take that IUD."

Teri : Fooled you.

Dr. Guster: Fooled you. He was meant to be here.

Jay: I'm the social media guy for Piedmont, so this is always interesting to me when you have something that goes viral and how it kind of raises the consciousness of different things. So, you did see an impact after that?

Dr. Guster: There's a topic a conversation, like all of our nursing staff was like, "Yo, have you seen the picture? What do you think?" Literally, people are like, "Can I get my strings checked?" So if they had forgotten to return for it, people are like, "Hey, could I come in?"

Jay: That's a pretty good reminder.

Dr. Guster: It's a good reminder.

Jay: That's a pretty good reminder.

Teri : Yes, to check, indeed. Does the IUD affect your period at all?

Dr. Guster: The fun thing is, you can pick an IUD that will affect your period. So, everybody's a little different. Some people like having the feedback of having a monthly cycle. I'm like, "If that's what you like, we got an IUD for you." So, usually I tell them to pick the ParaGard or the copper IUD. It lasts for, FDA, 10 years. When you're reading the literature, there's a little more leeway time in there, but globally we say that's the 10 year one. That's just because it doesn't have the progestin in it. So, basically you're just going to go through your monthly cycles just as they were. The other ones that do have progestin in it or progesterone in it, they do usually lighten your cycle or, over the course of time, take your cycle away. It depends on what you want. I'd probably say, American markets, most women don't really want to have a period. International markets, people are just very accustomed to it and it's just kind of more societally acceptable, so that's why they pick that one.

Jay: Whenever anybody gets any kind of therapy or medication or anything like that, they want to know about side effects, so what are the side effects with an IUD, and are there things like weight gain and things like that to think about?

Dr. Guster: I usually tell people the number one side effect, particularly if you're picking a progestin IUD, is that your periods are going to change. I was like, "So, you can take that for how you feel," but most people are like, "Yay. Lighter periods, no periods, I'll take that."

Teri : Like, "Yes."

Dr. Guster: But that is like the number one side effect. The cool thing about them is they sit inside your uterus, so there's very little of what we call systemic effect, which is when you have to take something by mouth or you're injecting it and it goes all the way through your body. So very little leaks to the bloodstream. From that profile, it makes it pretty safe and acceptable choice. So, low side effect profile.

Teri : What about with, he was saying, with weight gain at all? Because it's local, it doesn't actually count as ...

Dr. Guster: You have a significantly less likelihood of having weight gain. When we compare it to oral contraceptions, people can have, over the course of time, on average, like five pounds of weight gain. Depo-Provera, which is an injection every three months, is notoriously associated with weight gain. People are like, "I gained so much weight with that." So this one definitely has a lot less of that going on, just because it just hangs out in your cute, little uterus.

Teri : Even as far as common questions, we've been talking to different women, just who have a lot of questions about IUDs, is this something that you'd be able to feel if you were intimate with a partner?

Dr. Guster: Oddly enough, I get that question like all of the time. I'm finishing morning clinic, I just got it earlier. So we try really, really, really hard to fit your IUD so you have an extreme amount of comfort level for you and your partner. So, to get it out, it does have these little strings that do have to stick out of the cervix, because that's how we grab it to remove it. But, our job is to make sure we don't cut them too long, and we don't cut them too short. If you get it too short, then it gets a little pokey, and so your partners can tell you that.

I usually say, "I'd rather err on getting it long and just trimming it back, as opposed to getting it too short and having it poke you." But, globally, if you wore it, to advise your partner, and just kind of be like, "Hey, how do you feel?" They probably wouldn't notice it. Sometimes it's the power of suggestion that something's there. But there's very few people that come back and tell me they're uncomfortable, and if they are, then it's because the strings are just a little too short.

Teri : Okay. I know with a lot of birth control, sometimes there are like cysts that can occur. Do they cause cysts or blood clots?

Dr. Guster: So, the cool thing about this is we usually say that these are not necessarily causes of cysts, so people will continue to make ... Your ovarian function continues to go with your IUDs. So, every month you make a cyst anyway, and so sometimes you will see people who will just happen to make a cyst and it doesn't crumple down. But, as opposed to some other methods that actually suppress ovarian function, this kind of lets you just keep going. Then, in terms of the second half of it, blood clots, so low likelihood of blood clot risk because we don't have that estrogen component as we do with some others, but we definitely have a strong conversation when people are like, "I've had five blood clots." I'm like. "So, let's not pick the progestin one. Let's pick the copper one because it doesn't have hormones."

Usually there is an IUD for probably most medical ailments. When I have a question about it, I'll usually look up the WHO contraception criteria, and it's like this 300 page manual of almost every single medical issue, and it will literally give you a rating like, should you do it? Plus one. Should you do it? Probably, plus two. Three or four, you need to discuss. Four, pick something else. I sometimes have lupus patients or patients who have had blood clots and stuff like that, and we'll, literally, for real have a conversation about what's going to work best for them.

Jay: Now, let's say you have somebody come in and they've had it for a while and they've decided they're at the point in their life where they would like to get it removed, what is that process like, and how long before you kind of get back to quote, unquote "normal"?

Dr. Guster: So the process is usually super easy. As long as we can see the strings, then we just literally just tug on them and just, floop, it comes. Because, you know, it goes in like a little solider, out like a little ballerina, out like a diver. So, they're still very flexible. That usually takes about 5 seconds.

Jay: Oh, wow.

Dr. Guster: People are like, "You're done already?" I'm like, "Yeah, I was finished a minute ago."

Jay: That's pretty good.

Dr. Guster: If they want another one, you can get your IUD removed and replaced at the same visit. Then, if people are like, "Well, I'm ready to start having children," I'm like, "Okay, well, hold on to your horses." I usually see them about the next month, month and a half. So it's a very quick turnover or return to fertility, which is awesome part about it.

Jay: Wow, that's great.

Dr. Guster: I would encourage everyone that birth control is an individual decision. So, just really have a straight up, honest conversation with your provider about what you want and what you need, and then they'll have a straight up, honest conversation with you about what you should probably pick. But globally speaking, I love IUDs. I'm so glad that they are kind of making a resurgence, because they're super convenient. Women today are super, super busy, and men today are super, super busy, and maybe you guys don't want to have to worry about pregnancy either.

Jay: Yeah, no. Absolutely not.

Teri : Jay's like, "Not me."

Jay: Nope. Nope. All good.

Dr. Guster: It's excellent for spacing out those kiddos.

Teri : We're going to start having a question that we ask all of our experts.

Teri : Tell us the most rewarding thing about your job.

Dr. Guster: Oh, it's so fun to help people. Because, clearly, I get the more quieter, intimate questions everyone's embarrassed to ask, and just when you give someone an honest answer, that's really, really helpful to them, the amount of confidence that they get back, and just the self-awareness just shoots through their ... You can see it on people's faces. It doesn't really matter what the question or concern is, the fact that you could help, you gave them really great information, and they feel better about themselves than when they walked in the door is like the best part about the job.

Jay: What advice do you have for people who might be apprehensive to ask certain questions? You're here, obviously, to help them and to answer those questions. I'm sure there's embarrassment and things like that that come along with it. What advice can you give people about that?

Dr. Guster: I usually find that your embarrassing question is like everyone else's embarrassing question. So, I'm usually like, "It's cool. Just ask it. Don't even try to process it in your

mind." You don't even have to be like, "This is an embarrassing question." Just as it comes to you, just blurt it out. Because it puts a lot of pressure on people, they're like, "How do I say this?" I'm like, "Oh, you should just say it, because we'll figure it out together." I think it's a strong testimony if you have someone that you feel comfortable with, it's definitely easier to talk to them. But, there's probably not very many things that you say that your physician or your provider hasn't heard, and if they haven't heard it, they'll just do some research and find out the answer for you. It's easier just to say what it is, don't sugar coat it, just put it out in the world and it will be fine.

Jay: That's great advice.

Teri : Yes. Thank you so much Dr. Guster. It's been so great talking to you today.

Dr. Guster: Thanks, guys, for coming.

Jay: Absolutely.

Teri : Yes.

Teri : Thanks for joining us for another episode of Piedmont's Doc Dose.