

eloira

Hormonal Intrauterine System
Levonorgestrel 52 mg.

Your freedom for sure!!!!



ELOIRA

An intrauterine system (IUS) that consists of a plastic frame with a reservoir containing the drug Levonorgestrel used in the treatment of certain gynecological conditions and prevention of pregnancy.

The cylinder/reservoir of the device is provided with a rate controlling membrane tubing that regulates the release of Levonorgestrel at an approximate rate of 20 micrograms per day, effective for five years.



MECHANISM OF ACTION

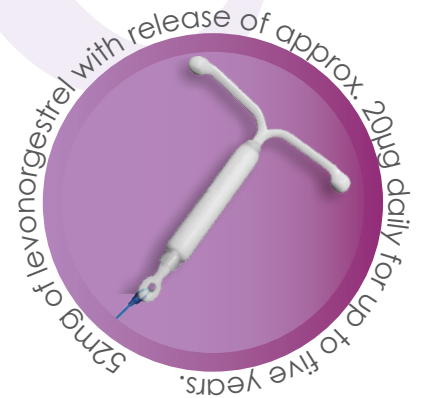
Eloira works for treating Gynecological conditions and for contraception

For Gynecological conditions:

- It reduces the endometrial lining of the womb thus making the period lighter and shorter (8)

For Contraception:

- It thickens the mucus in the cervix to stop sperm from reaching or fertilizing an egg.
- It thins out the lining of the uterus and suppresses ovulation



GYNECOLOGICAL INDICATIONS

Evidence shows that Eloira (LNG-IUS) is superior and more cost effective in treating certain gynecological conditions associated with heavy menstrual bleeding.

These gynecological conditions are:

1. Endometriosis
2. Idiopathic menorrhagia
3. **Other conditions that can be managed with Eloira includes:** Heavy and painful menstrual bleeding, suspected Adenomyosis, Endometrial hyperplasia, Uterine fibroid less than 5cm, early stage of endometrial cancer (1)

1. ELOIRA IN THE TREATMENT OF ENDOMETRIOSIS

WHAT IS ENDOMETRIOSIS

This is a chronic and progressive disorder affecting 1 in 10 women. This condition causes the uterine tissue to grow outside the uterus leading to **painful, irregular period, pelvic cramps and infertility**.

Endometriosis is a disease that has a recurrence rate of approximately 10% to 15% within one year of conservative surgical treatment alone. Repeated surgery can significantly endanger her future fertility [16].

In order to prevent recurrence, postoperative hormonal treatment like the LNG-IUS is prescribed to use for up to 36 months (1)

CAUSE OF ENDOMETRIOSIS

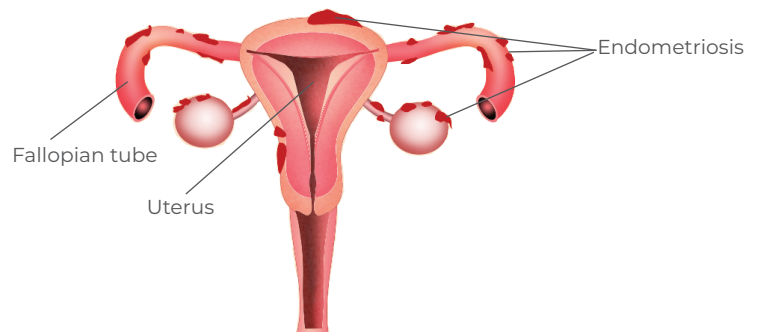
Hormonal Imbalance – Imbalanced levels of estrogen and progesterone causes menstrual blood to flow back through the fallopian tubes which remain within the body and initiates endometriotic growth

RISK FACTORS FOR ENDOMETRIOSIS?

- Family history of endometriosis,
- Early age of menarche ,
- Short menstrual cycle (<27 days),
- Heavy bleeding during menses,
- Delayed childbearing,
- Iron deficiency anemia leading to early onset of endometriosis

HOW ELOIRA WORKS IN TREATING ENDOMETRIOSIS

Eloira-LNG IUS when released in the endometrium causes a depletion of the estrogen and progesterone hormone, which thins out the endometrial lining causing changes in the endometrial wall. LNG-IUS effect on endometriosis also suppresses the growth of local vascular cell causing a modification in the production of hormones responsible for maintaining lesions and pelvic pain.



2. ELOIRA IN TREATMENT OF IDIOPATHIC MENORRHAGIA

WHAT IS IDIOPATHIC MENORRHAGIA?

Idiopathic menorrhagia is when menstrual blood loss is greater than 80 ml in the absence of any known pathology. Idiopathic menorrhagia occurs in 20-30 percent of women in their reproductive age and can lead to heavy, irregular menstrual period and anemia.

CAUSES OF IDIOPATHIC MENORRHAGIA

- Disordered prostaglandin production within the endometrium

HOW ELOIRA WORKS IN TREATING IDIOPATHIC MENORRHAGIA

Eloira-LNG IUS have proven to be an effective and attractive alternative to surgery especially for women who cannot afford to pay for surgery or who are interested in preserving their fertility.

Levonorgestrel released from Eloira is a potent blocker of estrogen activity in the endometrium. The LNG-IUS in the uterine cavity works by gradually suppressing the thickness and vascularity of the endometrium over an initial 3-6 months of use. As a result of this suppression, most women experience significant reduction in blood loss of up to 85%.⁽¹⁻³⁾

3. ELOIRA IN THE MANAGEMENT OF UTERINE FIBROID, ADENOMYOSIS, ENDOMETRIAL CANCER (FIRST STAGE), ENDOMETRIAL HYPERPLASIA:

These conditions including uterine fibroid less than 5cm without distortion of the uterus causes dysfunctional uterine bleeding and pelvic cramps. After Eloira LNG-IUS is inserted into the uterus, the menstrual bleeding pattern greatly changes as Levonorgestrel is released topically throughout the uterine lining.

For the first stage of endometrial cancer, Eloira can be used in combination with oral progestin. Datas from multiple studies suggest that for patients with early clinical stage of endometrial cancers with a strong desire to maintain fertility can use LNG IUS which is an effective alternative to hysterectomy ⁽¹⁾,

GYNECOLOGICAL BENEFITS OF ELOIRA

- Highly effective in the treatment of heavy menstrual bleeding & endometriosis
- Start working within 24 hours after insertion
- Significantly reduces menstrual blood loss by 85%
- Lowers the risk of anemia
- Minimal side effects

While Eloira is used for the treatment of these conditions, your client must know that Eloira has a contraceptive effect and she cannot get pregnant until Eloira is removed.

ELOIRA FOR CONTRACEPTION

Eloira is a hormonal intrauterine system that can also be used to prevent pregnancy effectively for up to 5 years. It is reversible and has 99.8% success rate in preventing pregnancy.

WHO CAN USE ELOIRA FOR CONTRACEPTION

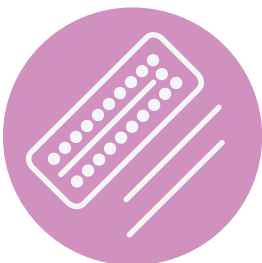
Eloira is generally safe for breastfeeding mothers from six weeks, single or married women who want a highly effective (99.8%) method of contraception with fewer side effects.

CONTRACEPTIVE BENEFITS OF ELOIRA

- Highly effective- 99.8% effective in preventing pregnancy for up to 5 years
- Quickly reversible- fertility returns to normal as soon as it is removed
- Insertion and removal can be done at anytime
- Does not interrupt sex
- Does not require regular clinic visit
- More cost effective than short-acting contraceptives over a period of five years
- Decreases the risk of pelvic infection and endometrial cancer

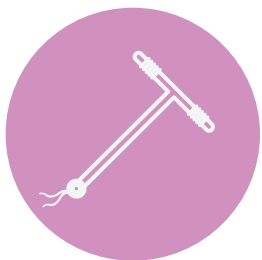


ADVANTAGES OVER OTHER CONTRACEPTIVES

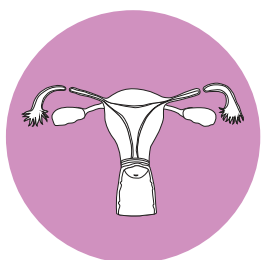


Eloira compared to LNG pills and Implant: The Daily dosage of Levonorgestrel (LNG-0.02mg) released in the uterus is much lower than that of LNG pills (0.15mg) and implant (0.07mg).

A Study in Kenya reveals that the lower dose results in fewer side effects and this causes a high continuation rate and satisfaction even among post-partum users. (7&8)



Eloira compared to Intra Uterine Devices (IUDs): Eloira reduces heavy menstrual blood flow by 85%. This is an advantage over copper IUDs that may cause heavy menstrual bleeding and cramps when inserted into the uterus.



Eloira is preferable to female sterilization: unlike female sterilization, Eloira is reversible and it provides a highly effective contraceptive effect (99.9% when compared to 99.5% for sterilization). It also eliminates the chance of women returning with regrets as the case may be after sterilization.

Eloira is generally not recommended for women who are already pregnant or have active pelvic infections, breast or cervical cancer, liver disease, leiomyoma or fibroid that has caused severe distortion of the uterine cavity.

MANAGING CLIENTS EXPECTATION

Systemic absorption of the levonorgestrel released in Eloira is topical and low resulting in minimal side effects that usually last for a short time.

GENERAL SIDE EFFECTS

Menstrual changes:

This may include lighter period or no period at all. This is common and helps to prove that Eloira is effective in reducing menstrual bleeding especially in women suffering from endometriosis, idiopathic bleeding, or myomas like uterine fibroid.

Adequate counseling regarding the possible absence of bleeding is important in order to avoid unnecessary removal of Eloira.

Cramps and bleeding:

This results from the Eloira insertion procedure. It can occur immediately or a little after the insertion. You can choose to just reassure your client or give her an analgesic

Weight Gain and breast tenderness:

Weight gain and breast tenderness with Eloira is not an increase in body fat. Hormones released may cause the body to retain water which is usually perceived by women as weight gain.

This is not a problem because most women often experience this during their monthly cycle as a result of the natural female hormone released in the body.

WHEN CAN ELOIRA BE INSERTED?

ELOIRA CAN BE INSERTED:

- Anytime during a woman's menstrual cycle as long she is not pregnant.
- Immediately after a miscarriage or pregnancy termination.
- Six weeks after delivering a baby vaginally or cesarean section.

Only a trained healthcare provider should insert Eloira.

Honey&Banana Connect is a pregnancy prevention, family planning, child spacing or contraception call center.

- Toll-Free
- Confidential and private
- Access to medical experts
- Quick Response to callers
- Non-Judgmental



References:

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(2) Ozdegirmenci O, Kayikcioglu F, Akgul MA, Kaplan M, Karcaaltincaba M, Haberal A, et al. Comparison of levonorgestrel intrauterine system versus hysterectomy on efficacy and quality of life in patients with adenomyosis. Fertil Steril. 2011 (3) Magalhaes J, Aldrighi JM, de Lima GR. Uterine volume and menstrual patterns in users of the levonorgestrel-releasing intrauterine system with idiopathic menorrhagia or menorrhagia due to leiomyomas. Contraception. 2007 (4) Soysal S, Soysal ME. The efficacy of levonorgestrel-releasing intrauterine device in selected cases of myoma-related menorrhagia: a prospective controlled trial. Gynecol Obstet Invest. 2005 (5) Grigorieva V, Chen-Mok M, Tarasova M, Mikhailov A. Use of a levonorgestrel-releasing intrauterine system to treat bleeding related to uterine leiomyomas. Fertil Steril. 2003 (6) Mercurio F, De Simone R, Di Spiezio Sardo A, Cerrota G, Bifulco G, Vanacore F, et al. The effect of a levonorgestrel-releasing intrauterine device in the treatment of myoma-related menorrhagia. Contraception.
(7) www.fphandbook.org-2018 edition (8) International contraceptive access foundation website (ICA) www.ica-foundation.org (9)www.contraceptionjournal.org/article/s0010-7824(07)00067-(10)Anderson et al 1994, Mansour 2007,Ibraheim et al 2005, Diaz et al 2004, global handbook for providers updated 3rd edition/www.fphandbook.org(11) Essential knowledge about LNG-IUS www.iudtoolkit.org

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