

子宮內投藥系統臨床指引

台灣婦產科醫學會編制



- 子宮內投藥系統(蜜蕊娜；簡稱 IUS)療效長達 5 年，5 年內黃體素 levonorgestrel 的平均釋放速率約為 14µg/24hrs。¹
- 衛生署核准用於：
 1. 避孕：每年避孕效果為 99.8%，其 5 年內所累積的避孕效果約為 99.3%^{1,2,3}
 2. 月經經血過多^{1,4,5,6,}
 3. 預防雌激素補充治療引起的子宮內膜增生^{1,7,8}
- 臨床上子宮內投藥系統亦用於改善下述疾病或徵狀^{9,10,11,12,13,14}，包括：
 1. 經痛(Dysmenorrhea)^{15,16,17,18,19}
 2. 經血過多所導致之貧血(Anemia due to menorrhagia)^{20,21}
 3. 經前症候群(Premenstrual Syndrome; PMS)¹⁵
 4. 子宮肌瘤(Fibroids)^{22,23,24}
 5. 子宮腺肌症 (Adenomyosis)^{25,26,27,28,29,30}
 6. 子宮內膜異位症 (Endometriosis)^{16,31,32,33,34,35,36,37,38}
 7. 慢性骨盆腔疼痛 (Chronic Pelvic Pain)^{16,38,39}
 8. 子宮內膜增生 (Endometrial Hyperplasia)^{40,41}
- 適合安裝子宮內投藥系統之對象
 1. 考慮長期避孕的女性^{1,42}
 2. 目前想避孕但隨時考慮懷孕的女性^{1,42,43}
 3. 產後欲哺乳且有避孕需求的女性^{1,42,44,45}
 4. 尋求可靠、不需每日提醒之避孕方式的女性⁴²
 5. 有經血過多且使用藥物效果不理想，期望擁有手術以外的治療選項之女性⁴⁶

6. 有經痛困擾之女性¹⁵
 7. 接受荷爾蒙治療而需併用黃體素以預防子宮內膜增生之女性¹
- 那些人不可以或不建議安裝子宮內投藥系統？¹
 1. 已懷孕與有懷孕可能
 2. 患有婦科感染或發炎性疾病
 3. 先天或後天子宮異常，包括造成子宮腔變形之子宮肌瘤與子宮或子宮頸相關之惡性腫瘤
 4. 對子宮內投藥系統活性成份過敏者。
 5. 急性肝病與肝腫瘤
 6. 不明原因的子宮出血
 7. 與黃體素相關之腫瘤(含乳癌)
 - 子宮內投藥系統的預期效益與對授乳的影響
 1. 預期之避孕效果：使用第一年的避孕效果達 **99.8%**^{1,2}
 2. 使用三個月後降低經血流失的效果：**81.6%**；六個月後：**88.0%**；一年後：**95.8%**⁴⁷
 3. 以子宮內投藥系統治療經血過多，**80%**的病患感受到減緩經痛的效果¹⁵
 4. 用於經血過多治療，較子宮切除術(**hysterectomy**)具有較高的成本效益(**cost-effectiveness**)⁴⁸
 5. 產後六週後使用子宮內投藥系統對哺乳後嬰兒的生長發育及乳汁分泌的質與量並無不良影響
1,42,43
 - 子宮內投藥系統安裝,取出,與更換須知¹

※裝入時機⁴⁹

1. 育齡期的婦女，置入之最佳時機為月經開始的七天內
2. 懷孕 3 個月內的流產後可立刻裝入⁵⁰
3. 產後六週，若子宮已復原即可安裝
4. 先前使用其他避孕方式的女性欲轉換為子宮內投藥系統，確認無懷孕之虞，可立即安裝，若月經來潮七天後才安裝，則建議再採取其他的避孕措施
5. 停經婦女用以保護接受雌激素補充治療中的子宮內膜時，可隨時裝入，也可在月經來潮或消褪性出血的最後幾天裝入

※取出與更換

1. 欲更換新的子宮內投藥系統可在月經週期的任何時間進行
2. 須在裝入 5 年後移除。如果使用者希望繼續使用本避孕方法，可在取出同時置入新的子宮內投藥系統

- 臨床衛教建議內容¹

1. 裝入子宮內投藥系統前，宜告知使用婦女有關子宮內投藥系統療效、風險性和副作用的資訊
2. 裝置後，若月經間隔超過六周，需考量有懷孕的可能
3. 懷孕時若子宮內投藥系統未取出，應考慮胎兒可能發生男性化或其他畸胎的可能
4. 育齡期的婦女使用子宮內投藥系統後，約有 20% 會逐漸出現月經量少或無月經的現象。無月經現象為子宮內膜變薄之故，而非不良反應或更年期提早
5. 置入初期，有些婦女在正常月經週期外，會發生少量之間歇性出血，此間歇性出血隨時間逐漸緩解，而恢復正常週期。因此，第一個星期，建議應使用衛生棉
6. 使用子宮內投藥系統的婦女應在置入後 4 -12 週再作一次檢查，其後每年檢查一次，如出現任何臨床症狀可增加檢查次數
7. 如安裝子宮內投藥系統後有過敏反應時，宜向衛生主管機關報告

- 使用子宮內投藥系統相關問題諮詢與反應窗口

※衛生署藥物不良反應通報中心

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- 適應症請依衛生署公告核准事項為準

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