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Pain during intrauterine device insertion

Douleur de la pose d'un dispositif intra-utérin

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Ozcan 2026

Özcan H, Köksaldı E, Köse S. Effects of nonpharmacological interventions on pain and patient satisfaction during intrauterine device insertion: a systematic review and meta-analysis. J Clin Nurs. 2026. https://doi.org/10.1111/jocn.70420

Objective	This study aimed to evaluate the effects of nonpharmacological interventions used during intrauterine device (IUD) insertion on pain and patient satisfaction.
Design	This study is a systematic review and meta-analysis.
Methods	PubMed, Web of Science, EBSCOhost, Google Scholar and the National Thesis Center of the Council of Higher Education databases were searched between January 2026 and February 2026, without publication year restriction. Experimental and quasi-experimental studies evaluating nonpharmacological interventions during IUD insertion were included. Methodological quality was assessed using the Joanna Briggs Institute critical appraisal tools. Risk of bias was evaluated using the Cochrane Risk of Bias tool (RoB 2) for randomized controlled trials and ROBINS-I for quasi-experimental studies. The certainty of evidence was assessed using the GRADE approach. Publication bias was evaluated using funnel plots, Egger's test and Duval and Tweedie's trim-and-fill method. Data were synthesized using meta-analysis and narrative synthesis.
Results	Twelve studies involving 1,241 women were included. The interventions examined included virtual reality, distraction techniques, EFT, music, video-assisted information, ultrasound-guided IUD insertion, **acupuncture**, cold application and the full bladder method. Some interventions, particularly virtual reality, distraction cards, EFT, music and acupuncture, showed positive effects. Overall, nonpharmacological interventions significantly reduced pain during IUD insertion (SMD=0.803, 95% CI: 0.427 to 1.179; Z=4.182; p<0.001; I^2=90.687) and significantly increased procedural satisfaction (SMD=-1.046, 95% CI: -1.516 to -0.577; Z=-4.368; p<0.001; I^2=85.677).
Conclusion	Nonpharmacological interventions may reduce perceived pain and improve patient satisfaction during IUD insertion. These interventions may enhance patient comfort and procedural satisfaction in clinical practice.

1.1.2. Sheffield 2025

Sheffield SM, Gilbert AFR, Chang KR, Dotters-Katz SK, Gleeson EI, Hagey JM, Kerner NP. Pain management for IUD insertion: a review of the clinical evidence on pharmacologic and

nonpharmacologic options. Obstet Gynecol Surv. 2025 Aug;80(8):516-529. https://doi.org/10.1097/OGX.0000000000001417

Background	Intrauterine devices (IUDs) are safe and highly effective contraceptives, yet insertion pain remains a major barrier to uptake and satisfaction. Evidence on pharmacologic and nonpharmacologic modalities for pain control is limited, and no standardized approach has been established.
Objective	To summarize the available evidence on pharmacologic and nonpharmacologic strategies for managing pain during IUD insertion.
Methods	A literature search of PubMed and Ovid identified studies published since 1995 evaluating interventions for IUD insertion pain. Relevant articles were reviewed for inclusion.
Results	Strongest evidence supports cervical block, 10% lidocaine spray, and 5% lidocaine–prilocaine cream. Lower-risk interventions, such as ultrasound guidance, music, and the “cough” method, may benefit high-risk patients (nulliparous women, those with dysmenorrhea, history of violence, or high anticipated pain) despite limited evidence. Further studies are needed to clarify the efficacy of NSAIDs, dinoprostone, transcutaneous electrical nerve stimulation, and **acupuncture**.
Conclusion	Topical and injectable lidocaine preparations are more effective than pre-procedural ibuprofen for reducing IUD insertion pain. Although evidence for nonpharmacologic methods such as acupuncture remains insufficient, individualized, multimodal approaches may optimize patient comfort and satisfaction during IUD placement.

Tufa 2025 Tufa T, Snyder E, Garbarino S, Wolderufael M, Steyn PS. Non-pharmacologic techniques for interval intrauterine device placement: a systematic review. BMJ Sex Reprod Health. 2025 Nov 3;51(Suppl 1):s38-s51. https://doi.org/10.1136/bmjsrh-2025-202840

Background	This review assessed the effectiveness of non-pharmacologic techniques to reduce pain and improve outcomes during interval intrauterine device (IUD) placement.
Methods	Databases were searched from inception to 15 December 2023 for randomized controlled trials comparing non-pharmacologic techniques with placebo or pharmacologic interventions. Outcomes included pain during IUD placement, ease of placement, need for adjunctive measures, placement success, patient satisfaction, side effects, and adverse events. Risk of bias and certainty of evidence were evaluated for all outcomes.
Results	Eleven RCTs (10 different techniques) were included. Ten trials had high risk of bias and one low. Among 11 RCTs assessing pain, two found reduced pain with the Valsalva breathing technique (OR 0.04; 95% CI 0.01–0.15) and acupuncture (mean difference –1.88; 95% CI –2.72 to –1.04) versus routine care. No significant differences were found for ease of placement. Most trials reported high placement success, similar need for cervical dilation and patient satisfaction, and few side effects with no adverse events.
Conclusion	Valsalva manoeuvre and **acupuncture** may lessen pain during IUD placement, though current evidence is limited and of moderate-to-low certainty. Larger, high-quality trials are warranted.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. Expert Panel (USA) 2026

Bayer LL, Ahuja S, Allen RH, Gold MA, Levine JP, Ngo LL, Mody S. Best practices for reducing pain associated with intrauterine device placement. Am J Obstet Gynecol. 2025 May;232(5):409-421. https://doi.org/10.1016/j.ajog.2025.01.039

Post-procedure: Provide **acupressure** on Large intestine-4 (LI4) or Spleen-6 (SP6)

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Last update: **03 Oct 2026 18:12**