

Pre/ post E-learning knowledge test on intrauterine contraceptive device
20-item single best multiple choice questions (MCQ)
Total score: 20

A. Overview

1. The multiload Copper IUCD is effective for:
 - a. 10 years
 - b. 8 years
 - c. 5 years
 - d. 3 years

2. The Nova T 200/ Nova T 380 IUCD device is effective for:
 - a. 10 years
 - b. 8 years
 - c. 5 years
 - d. 3 years

3. The main mode of action of IUCD is inhibiting:-
 - a. fertilization
 - b. implantation
 - c. ovulation
 - d. sperm movement

4. A 30-year-old woman, who has just delivered her son 2 months ago is keen for insertion of copper load IUCD for contraception. She is breast-feeding and has not had her menses. She has not had sexual intercourse since delivery.

You explained to the patient about the slightly higher incidence of perforation with IUCDs inserted at 36 weeks or less after delivery and in breastfeeding women.

Which of the following statement is the most accurate with regards to timing of insertion of the IUCD?

- a. It can be inserted if it is reasonably certain that she is not pregnant
- b. Await for her menses as it can be inserted only at Day 2 of menses
- c. Await for her menses as it can be inserted only at Day 5 of menses
- d. Advise that it can be inserted only after 6 months postpartum

B. Assessment for suitability of IUCD insertion

5. Before insertion of IUCD, which of the following history from the patient is relevant:-
 - a. Family history of Ca endometrium
 - b. Menstrual history
 - c. Smoking history
 - d. Alcohol history

6. Which of the following is an absolute contraindication for copper load IUCD insertion
 - a. History of gestational diabetes
 - b. 47 year old woman with infrequent menses
 - c. migraine with aura
 - d. Wilson's disease

7. Which of the following is an ideal candidate for IUCD as a contraceptive method
 - a. Multiparous, single sexual partner
 - b. Multiparous, multiple sexual partners
 - c. Nulliparous, single sexual partner
 - d. Nulliparous, multiple sexual partners

8. The follow risk associated with copper load IUCD insertion should be discussed with the patient before the procedure **EXCEPT**:-
 - a. Perforation
 - b. Infection
 - c. Ectopic pregnancy
 - d. Oligomenorrhea

9. With regards to insertion of IUCD, which of the following statement is most accurate?
 - a. Breast, abdominal, and pelvic (speculum and bimanual) examinations must be conducted before insertion
 - b. Patients with current purulent cervicitis, the IUCD should not be inserted at this time.
 - c. If a woman is found to have a retroverted uterus, she cannot have an IUCD inserted
 - d. Patients with a history of small 1cm intramural fibroid cannot have IUCD inserted

C. Procedure of IUCD insertion and removal

10. A 48-year-old lady, who has no menses for 9 months, is here for removal of IUCD. Urine pregnancy test is negative.

Which of the following advice will you give?

- a. Await the next menses for removal of IUCD
- b. Prescribe provera and remove IUCD when she has withdrawal bleed
- c. Advise antibiotic prophylaxis before and after removal of IUCD
- d. Advise barrier methods for contraception after removal of IUCD

11. With regards to insertion of the Nova T IUCD device, which of the following step is most important in ensuring sterility?

- a. Load the IUCD using a pair of sterile gloves
- b. Cleanse the perineum thoroughly with antiseptic solution
- c. Use non-touch technique throughout the procedure
- d. Initiate a course of antibiotics 24 hours before insertion

12. Which of the following accurately describes the steps for IUCD insertion?

- a. Bimanual vaginal examination should be performed prior to insertion
- b. Uterine sound should be cleansed with antiseptic solution
- c. The volselum can only be applied to the anterior lip of cervix
- d. The insertion tube can be used to sound the uterus

13. The IUCD device is most suitable for uterine depth of:-

- a. 1-3 cm
- b. 2-4 cm
- c. 3-5 cm
- d. 6-9 cm

14. The IUCD thread should be cut ___ cm from the os?

- a. 0 - 0.5
- b. 0.5 - 1
- c. 2 - 2.5
- d. 3 - 3.5

D. Follow-up care post insertion

15. Patient feels faint immediate post IUCD insertion, the most likely cause is:-
- Vasovagal reaction
 - Perforation of uterus
 - Anaphylaxis
 - Heavy bleeding
16. A patient felt a momentary sharp pain during IUCD insertion, which of the following statement is most accurate?
- Perforation of uterus has occurred, remove IUCD immediately
 - Improper insertion, remove IUCD and re-insert
 - It is common to experience it, reassure
 - Order pelvic ultrasound to ensure accurate placement
17. Following insertion of IUCD, which of the following medication is most commonly prescribed?
- Course of NSAIDs
 - Course of antibiotics
 - Course of tranexamic acid
 - Oral contraceptives for a month
18. The patient reported that she is not able to feel her IUCD thread. Which of the following is the next most appropriate action?
- Perform pelvic examination
 - Perform ultrasound pelvis
 - Perform abdominal X-ray
 - Referral to gynecology clinic

E. Management of clinical problems with IUCD use

19. A patient with IUCD in-situ has the following Pap smear report:

- Satisfactory smear
- Presence of Actinomyces-like organism
- Negative for malignancy

Patient is well. She has no abdominal pain or foul smelling per vaginal discharge.

Which of the following action should be taken?

- a. Remove IUCD immediately
- b. Prescribe course of metronidazole
- c. Repeat Pap smear in 3 months
- d. Leave IUCD in situ

20. A 47-year-old woman has persistent intermenstrual bleeding with heavy menstrual bleeding for 3 months. She has an IUCD inserted 2 years ago. Which of the following action should be taken?

- a. Remove the IUCD and work up for malignancy
- b. Reassurance as this can be associated with IUCD insertion
- c. Prescribe course of NSAIDs
- d. Prescribe course of tranexamic acid