

9 CONTRACEPTION

9.5 IMPLANON IMPLANT

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9.5.1 Insertion of an implanon implant
Section A
Clinical Guidelines
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9.5.1 INSERTION OF AN IMPLANON IMPLANT

AIM

To insert the device so as to minimise the risk of complications.

BACKGROUND INFORMATION

Implanon[®] is a single-rod progestogen implant containing 68mg of etonogestrel which is placed subdermally in the upper arm of a woman. It is an effective contraception for up to 3 years and prevents pregnancy by inhibiting ovulation, causing thickening of cervical mucus, and is associated with thinning of the endometrial lining.¹

Implanon[®] does not adversely affect breastfeeding or infant growth¹. Implanon[®] provides an alternative form of contraception for women with medical conditions where oestrogen containing contraception is contra-indicated, or an oestrogen side-effect such as nausea becomes problematic. Women with inflammatory bowel disease or other malabsorption conditions which may be affected by oral methods of contraception may also find this form of contraception an option.²

Irregular bleeding patterns are the primary reason most women give for early discontinuation of the implants, so pre-insertion counselling is essential. This may have implications for women having religious or cultural restrictions during menstrual bleeding.³

KEY POINTS

1. Implanon is a progestogen only contraceptive implant.
2. Medical practitioners must attend a training course before inserting Implanon^{®2}.
3. Implanon has a 99.9% efficacy rate.²
4. It is a highly effective, long-acting, reversible contraception²
5. Pregnancy should be excluded prior to insertion
6. The implant is rapidly reversible with etonogestrel levels undetectable within 1 week of removal.⁴
7. A single Implanon[®] rod provides effective contraception for 3 years⁴

CONTRAINDICATIONS

Implanon[®] should be avoided in women who ³:

- Are pregnant, or have not had pregnancy reliably excluded.
- Have liver disease or tumours
- Have known or suspected breast cancer
- Have unexplained vaginal bleeding
- Have active thrombembolic disease
- Are taking medications that induce or inhibit hepatic enzymes
- Are known to have hypersensitivity to Implanon[®]

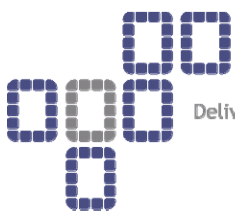
SIDE-EFFECTS

Possible side effects associated with Implanon[®] include:

- weight gain^{1,2}
- bleeding irregularities – may be irregular and unpredictable^{1,2} The menstrual pattern may vary from amenorrhoea to frequent and/or prolonged bleeding.
- mood changes or depression – may include emotional lability^{1,2}
- breast tenderness^{1,2}
- acne^{1,2}
- local reaction to the insertion site, scarring²
- deep insertion may lead to difficult removal later²

INITIATION OF IMPLANON[®] INSERTION

SITUATION	STARTING IMPLANT	EFFECT
No contraception or barriers	Day 1-5	Immediately
	Any other time; exclude pregnancy	7 days
Combined pill	Anytime if pills have been taken correctly.	Immediately
DPMA injection	Any time if within 14 weeks of injection	Immediately
Progestogen only pills	Any time if pills have been taken correctly; otherwise exclude pregnancy	7 days, or continue progestogen only pill for 7 additional days
Abortion	Immediately	Immediately
Copper or levonorgestrel IUD	Day 1-5	Immediately
SITUATION	STARTING IMPLANT	EFFECT



	Other times – condoms for 7 days prior to the removal of the IUD	7 days, or leave IUD in place for 7 additional days
Implant	Other times – condoms for 7 days prior to the removal of the IUD	
	If the implant has expired, exclude pregnancy	7 days
Post partum (not, or not fully, breastfeeding)	Less than 21 days postpartum – any time	Immediately
	More than 21 days post partum and no menses-any time if pregnancy excluded.	7 days
	Menstrual cycles resumed- as above for no contraception or barriers	As above
Post partum (fully breastfeeding)	Less than 6 weeks post partum	Immediately
	More than 6 weeks post partum and no menses – any time if pregnancy excluded.	7 days
	Menstrual cycles resumed – as above for no contraception or barriers	As above

INSERTION OF THE IMPLANON® IMPLANT

Prior to insertion of Implanon® the woman's counselling should include:

- mechanism of action and the duration of usage²
- advantages and disadvantages of Implanon use^{2,3}
- effectiveness of the contraception^{2,3}
- side-effects and complications, especially with regard to irregular bleeding^{2,3}
- insertion and removal procedures³, and medical follow-up required.²

EQUIPMENT

Dressing pack
 Iodine
 5 ml syringe
 Needles – drawing up needle and
 Local anaesthetic 1% Lignocaine 5mls
 Bandage

PROCEDURE	ADDITIONAL INFORMATION
<p>1 Medical history</p> <p>1.1 Document the medical history</p> <p>1.2 Perform a blood pressure²</p> <p>1.3 Document a baseline weight²</p> <p>1.4 Offer cervical screening if routine screening has not been done.²</p>	<p>Excludes any contra-indications to Implanon® insertion. Menstrual history may exclude pregnancy, but a pregnancy test may be appropriate. Women at risk of arterial cardiovascular disease may not be suitable for this type of contraceptive device.²</p> <p>May suggest cardiovascular disease.²</p> <p>Implanon contraception may lead to weight gain.</p> <p>Irregular bleeding due to Implanon® may lead to cervical abnormality being overlooked</p>
<p>2 Consent</p> <p>Obtain written consent for the procedure on the MR295.31 Consent form for 'Insertion of Implanon implant'.</p>	
<p>3 Pregnancy test</p> <p>Perform a pregnancy test as required.</p>	<p>A bleed due to implantation or an ectopic pregnancy can be mistaken for a normal period.²</p>
<p>4 Perform insertion of implant</p> <p>4.1 Ask the woman to lie on her back with her non-dominant arm on a pillow.</p> <p>4.2 Perform the procedure under aseptic conditions.</p> <p>4.3 Insert the Implanon according to the manufacturer's instructions.</p>	<p>The implant is inserted subdermally in the medial aspect of the upper non-dominant arm.</p> <p>Clinicians should have attended a specific training programme, and ensure that the first 2/3 insertions and removals are mentored by an experienced colleague</p> <p>Prior to insertion ensure the implant is visible in the cannula.⁵</p>

PROCEDURE	ADDITIONAL INFORMATION
4.4 Palpate the arm to check if the implant has been successfully inserted.	The medical practitioner and the woman should both perform palpation of the implant. If the implant is not palpable it may indicate the insertion was placed too deep, the implant was not released from the applicator, or there was no implant in the applicator. ¹
4.5 Cover the puncture site with a dressing or gauze.	
4.6 Apply a pressure bandage over the area ⁵ .	Advise the woman to keep the bandage clean and dry for 24 hours ⁵ .
5 Post procedure	
5.1 Document procedure information in the woman's hospital records	An adhesive label is supplied by the manufacturer with the Implanon® packaging with a check-list to assist with this. This may be placed in the woman's hospital records.
5.2 Provide the woman the card documenting: <ul style="list-style-type: none"> • site of Implanon® insert • date of insertion • date of removal 	This card is supplied by the manufacturer in the packing with the Implanon implant.
5.3 Offer the woman the consumer information leaflet supplied by the manufacturer.	
6 Post insertion counselling	
Provide instructions about: <ul style="list-style-type: none"> • general practitioner (GP) review for any abnormalities of the insertion site, position of the implant or concerns. • remove of the implant in 3 years or earlier if the woman desires.¹ • attend the GP for review if the implant is not easily palpable. 	
7 Follow-up	
Attend GP or family planning services for review in 2-3 months. ²	The GP checks for the implant position, presence of side-effects, change in menstrual pattern, and change in medical conditions. ²

REFERENCES

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