CONTRACEPTION

IMPLANON NXT® - INSERTION

This guideline must be used in conjunction with its respective Clinical Guideline, O&G, Contraception: Implanon NXT® - Etonogestrel Implant. Medical and midwifery staff should be familiar with the contents of the full guideline.

Keywords- Etonogestrel Implant, Implanon NXT, insertion of Implanon, contraception, progesterone

AIM

• To guide staff in the procedure of inserting an implantable contraceptive.

KEY POINTS

1. Medical practitioners must attend a training course and achieve competency prior to inserting Implanon NXT®. ¹, ²
2. Following insertion, the medical practitioner and the woman should both palpate the implant to confirm successful insertion.¹
3. Written consent must be obtained prior to insertion of Implanon NXT®.
4. Pregnancy should be excluded prior to insertion of Implanon NXT®.²
5. An aseptic technique is used for insertion of Implanon NXT®.¹

PRIOR TO INSERTION

1. Ensure there are no contra-indications to insertion of Implanon NXT® as per Clinical Guideline, O&G, Contraception: Implanon NXT®: Etonogestrel Implant.
2. The woman should be counselled about the product, side-effects, menstrual pattern changes, complications, insertion/removal procedures, and follow-up.²
3. Obtain written consent for the procedure on the ‘MR295.31 Insertion of Implanon Implant’ form.
4. Perform and document the woman’s blood pressure,² and her height and weight to calculate the BMI.
5. Exclude pregnancy. This may require a pregnancy test. If there is any doubt then a pregnancy test should be performed.² Note: A negative pregnancy test does not exclude pregnancy if the woman has had unprotected sex in the last 3 weeks.²
6. Ensure there are no allergies to the antiseptic solution or local anaesthetic.

EQUIPMENT

• Dressing pack
• 5 ml syringe & needles
• Pressure bandage
• Iodine / antiseptic
• Sterile gauze
• Clear adhesive dressing
• Local anaesthetic 1% Lignocaine 5mls
• Implanon NXT®
## PROCEDURE

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Pre-procedure- Positioning</td>
<td>Clinicians should have attended a specific training programme, and ensure that the first 2-3 insertions and removals are mentored by an experienced colleague.</td>
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<tr>
<td>Position the woman on her back with her non-dominant arm flexed at the elbow and externally rotated so that the wrist is parallel to her ear, or her hand is positioned next to her head.</td>
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<tr>
<td>The practitioner should be seated for the entire procedure. This ensures clear visualisation of the insertion site and needle throughout.</td>
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<thead>
<tr>
<th><strong>2</strong> Procedure- Insertion</th>
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<tbody>
<tr>
<td>2.1 Identify the insertion site. The insertion site is the inner side of the non-dominant upper arm about 8-10cm above the medial epicondyle of the humerus, overlying the triceps muscle.</td>
<td>This subdermal position avoids the large blood vessels and nerves that lie deeper in the subcutaneous tissue of the sulcus (groove) between the biceps and triceps muscles.</td>
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<tr>
<td>With a sterile marker, mark the insertion site and mark a few cm proximal (as an insertion guide).</td>
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<tr>
<td>2.2 Clean the site with antiseptic solution.</td>
<td>E.g. Use 1% lignocaine or anaesthetic spray along planned insertion tunnel.</td>
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<tr>
<td>2.3 Anaesthetise the insertion area.</td>
<td>Prior to insertion ensure the implant is visible in the cannula.</td>
</tr>
<tr>
<td>2.4 Insert the ImplanonNXT® according to the manufacturer's instructions.</td>
<td>If the implant is not palpable it may indicate the insertion was placed too deep or the implant was not inserted.</td>
</tr>
<tr>
<td>2.5 Palpate both ends of the implant after insertion to confirm the presence of the 4cm rod.</td>
<td>Instruct the woman how to palpate the ImplanonNXT®, and ensure confirmation of its presence.</td>
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<tr>
<td>2.6 Cover the puncture site with a small clear adhesive dressing. The woman should then be asked to palpate the rod.</td>
<td>Advise the woman to keep the bandage clean &amp; dry for 24hours, then the pressure bandage may be removed. The small bandage is removed after 3-5 days.</td>
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### PROCEDURE

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<tr>
<th>3</th>
<th>Post procedure</th>
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<tbody>
<tr>
<td>3.1</td>
<td>Document procedure information in the woman’s hospital records.(^1)</td>
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<tr>
<td>3.2</td>
<td>Provide the woman the supplied card and document(^1):</td>
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<tr>
<td></td>
<td>- site of ImplanonNXT(^®) insertion</td>
</tr>
<tr>
<td></td>
<td>- date of insertion</td>
</tr>
<tr>
<td></td>
<td>- date for removal by.(^1)</td>
</tr>
<tr>
<td>3.3</td>
<td>Provide the woman the consumer information leaflet supplied by the manufacturer.</td>
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</tbody>
</table>

### ADDITIONAL INFORMATION

An adhesive label is supplied by the manufacturer with the ImplanonNXT\(^®\) packaging with a check-list. This is placed in the woman’s hospital record.\(^1\)

This card is supplied by the manufacturer in the packing with the ImplanonNXT\(^®\) implant.\(^1\)

### Post insertion counselling

Provide instructions about:

- medical practitioner review for any abnormalities of the insertion site, position of the implant, pain, concerns,\(^2\) becomes pregnant or develops a condition that contraindicates continuing with the implant.\(^3\)
- removal of the implant in 3 years (or earlier if the woman desires)\(^1\)
- attending the GP for review if the implant is not palpable.\(^2\)

### Follow-up

No routine follow-up is required.\(^3\) The woman can self-initiate review with her General Practitioner (GP) as required, if there are no other indications (e.g. pregnancy test or impalpable implant) for early review.\(^2\)

On review, the GP checks for the implant position, presence of side-effects, change in menstrual pattern, or change in medical conditions or medications.\(^2\)
REFERENCES / STANDARDS

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice; 3- Preventing and Controlling Healthcare Associated Infections; 4- Medication Safety; 5- Patient Identification and Procedure Matching

Legislation -
Related Policies -
• OD 0429/13: National Hand Hygiene Initiative in Western Australian Healthcare Facilities
• OD 0324/11: Consent to Treatment Policy for the Western Australian Health System
• WNHS: WO82- Consent to Treatment/ Surgery/ Intervention Policy (2014)
• KEMH Clinical Guideline, Obstetrics & Gynaecology: Contraception: Implanon: Etonogestrel Implants: ImplanonNXT® - Removal (Non-Routine)

Other related documents –
• ImplanonNXT® Product Information (2015)
• SRHWA (Information sheets): Contraception Choices; Contraceptive Implant
• SRHWA (Health Professionals): Contraception Essentials (2013)
• WHO (2015) Medical Eligibility Criteria Wheel for Contraceptive Use

RESPONSIBILITY
Policy Sponsor
Nursing & Midwifery Director OGCCU
Initial Endorsement
April 2013
Last Reviewed
December 2015
Last Amended
Review date
December 2018

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