IMPLANON NXT® - INSERTION

This guideline must be used in conjunction with its respective Clinical Guideline, O&G, and Contraception: ImplanonNXT® - 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 ImplanonNXT®.[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 ImplanonNXT®.
4. Pregnancy should be excluded prior to insertion of ImplanonNXT®.[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®[2] as per KEMH Clinical guidelines: Contraception: ImplanonNXT®: 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
- Iodine / antiseptic
- Local anaesthetic 1% Lignocaine 5mls
- 5 ml syringe & needles
- Sterile gauze
- Pressure bandage
- Clear adhesive dressing
- ImplanonNXT®

PROCEDURE

	PROCEDURE	ADDITIONAL INFORMATION
1	**Pre-procedure- Positioning**	
	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.[1]	Clinicians should have attended a specific training programme, and ensure that the first 2-3 insertions and removals are mentored by an experienced colleague.
	The practitioner should be seated for the entire procedure.[1] This ensures clear visualisation of the insertion site and needle throughout.[1]	
2	**Procedure- Insertion**	
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.[1] With a sterile marker, mark the insertion site and mark a few cm proximal (as an insertion guide).[1]	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.[1]
2.2	Clean the site with antiseptic solution.[1]	
2.3	Anaesthetise the insertion area.[1]	E.g. Use 1% lignocaine or anaesthetic spray along planned insertion tunnel.[1]
2.4	Insert the ImplanonNXT® according to the manufacturer's instructions.	Prior to insertion ensure the implant is visible in the cannula.
2.5	Palpate both ends of the implant after insertion to confirm the presence of the 4cm rod.[1]	If the implant is not palpable it may indicate the insertion was placed too deep or the implant was not inserted.[1] .
2.6	Cover the puncture site with a small clear adhesive dressing.[1] The woman should then be asked to palpate the rod.[1]	Instruct the woman how to palpate the ImplanonNXT®, and ensure confirmation of its presence.[1]
2.7	Apply sterile gauze and a pressure bandage over the area.[1]	Minimises bruising.[1] Advise the woman to keep the bandage clean and dry for 24 hours and then the pressure bandage may be removed.[1] The small bandage is

	PROCEDURE	ADDITIONAL INFORMATION
		removed after 3-5 days.[1]
3	**Post procedure**	
3.1	Document procedure information in the woman's hospital records.[1]	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]
3.2	Provide the woman the supplied card and document[1]: • site of ImplanonNXT® insertion • date of insertion • date for removal by.[1]	This card is supplied by the manufacturer in the packing with the ImplanonNXT® implant.[1]
3.3	Provide the woman the consumer information leaflet supplied by the manufacturer.	
4	**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]	
5	**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]

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REFERENCES / STANDARDS

1. Therapeutic Goods Administration. ImplanonNXT® Product Information. **TGA**. 2015. Available from: https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2011-PI-02693-3&d=20151203161146224l2
2. Family Planning NSW, Family Planning QLD, Family Planning VIC. Contraception: An Australian clinical practice handbook. 3rd ed. Canberra: **Sexual Health & Family Planning Australia**; 2012.
3. Faculty of Sexual & Reproductive Healthcare. Progestogen-only implants. England: **FSRH / RCOG** 2014. Available from: http://www.fsrh.org/pdfs/CEUGuidanceProgestogenOnlyImplants.pdf.

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: - Consent to Treatment/ Surgery/ Intervention Policy
- KEMH Clinical Guideline : 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	
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