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 NXS² 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
- 5 ml syringe & needles
- Pressure bandage
- Iodine / antiseptic
- Sterile gauze
- Clear adhesive dressing
- Local anaesthetic 1% Lignocaine 5mls
- ImplanonNXT®
## PROCEDURE

<table>
<thead>
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<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
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<tr>
<td><strong>1 Pre-procedure- Positioning</strong></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.¹ The practitioner should be seated for the entire procedure.¹ This ensures clear visualisation of the insertion site and needle throughout.¹</td>
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<tr>
<td><strong>2 Procedure- Insertion</strong></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.¹</td>
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<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.¹ With a sterile marker, mark the insertion site and mark a few cm proximal (as an insertion guide).¹</td>
<td>E.g. Use 1% lignocaine or anaesthetic spray along planned insertion tunnel.¹ Prior to insertion ensure the implant is visible in the cannula.</td>
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<td>2.2 Clean the site with antiseptic solution.¹</td>
<td>If the implant is not palpable it may indicate the insertion was placed too deep or the implant was not inserted.¹.</td>
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<td>2.3 Anaesthetise the insertion area.¹</td>
<td>Instruct the woman how to palpate the ImplanonNXT®, and ensure confirmation of its presence.¹</td>
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<td>2.4 Insert the ImplanonNXT® according to the manufacturer's instructions.</td>
<td>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</td>
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<td>2.5 Palpate both ends of the implant after insertion to confirm the presence of the 4cm rod.¹</td>
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### PROCEDURE

<table>
<thead>
<tr>
<th>3</th>
<th>Post procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Document procedure information in the woman’s hospital records.&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>3.2</td>
<td>Provide the woman the supplied card and document&lt;sup&gt;1&lt;/sup&gt;:</td>
</tr>
<tr>
<td></td>
<td>• site of ImplanonNXT&lt;sup&gt;®&lt;/sup&gt; insertion</td>
</tr>
<tr>
<td></td>
<td>• date of insertion</td>
</tr>
<tr>
<td></td>
<td>• date for removal by.&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>3.3</td>
<td>Provide the woman the consumer information leaflet supplied by the manufacturer.</td>
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</table>

### ADDITIONAL INFORMATION

- Removed after 3-5 days.<sup>1</sup>
- An adhesive label is supplied by the manufacturer with the ImplanonNXT<sup>®</sup> packaging with a check-list. This is placed in the woman’s hospital record.<sup>1</sup>
- This card is supplied by the manufacturer in the packing with the ImplanonNXT<sup>®</sup> implant.<sup>1</sup>

### 4 Post insertion counselling

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

### 5 Follow-up

No routine follow-up is required.<sup>3</sup> 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.<sup>2</sup>

On review, the GP checks for the implant position, presence of side-effects, change in menstrual pattern, or change in medical conditions or medications.<sup>2</sup>
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: - 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
Policy Sponsor Nursing & Midwifery Director OGCCU
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Review date December 2018

Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.