# CLINICAL PROCEDURE

## THE INSERTION AND REMOVAL OF PROGESTOGEN-ONLY SUB DERMAL CONTRACEPTIVE IMPLANT

<table>
<thead>
<tr>
<th>First Issued</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
<th>Planned Review Date</th>
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<tbody>
<tr>
<td></td>
<td>ONE</td>
<td>To promote a reliable and safe method for the insertion and removal of progestogen only sub dermal contraceptive Implant</td>
<td>Review 2014</td>
</tr>
</tbody>
</table>

**Named Responsible Officer**
Contraception and Sexual Health Service

**Approved by**
Quality, Patient Experience and Risk Group

**Date**
December 2012

**Section :- MMSOP35**

**Target Audience**
Contraception and Sexual Health Services

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM THE TRUST WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION
### CONTROL RECORD

<table>
<thead>
<tr>
<th>Title</th>
<th>The Insertion and Removal of Progestogen-only Sub Dermal Contraceptive Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>To promote a reliable and safe method for the Insertion &amp; Removal of Progestogen-only Sub Dermal Contraceptive Implant</td>
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<tr>
<td>Author</td>
<td>Contraception &amp; Sexual Health Service</td>
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<tr>
<td>Equality Assessment</td>
<td>Integrated into procedure</td>
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<tr>
<td>Subject Experts</td>
<td>Contraception &amp; Sexual Health Service</td>
</tr>
<tr>
<td>Document Librarian</td>
<td>QGS</td>
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<tr>
<td>Groups consulted with :-</td>
<td>Medicines Management Group Quality and Governance Service (QGS)</td>
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<td>Infection Control Approved</td>
<td>21/11/2012</td>
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<td>Date formally approved by Quality, Patient Experience and Risk Group</td>
<td>December 2012</td>
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<td>Method of distribution</td>
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<td>Archived</td>
<td>Date</td>
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<tr>
<td>Access</td>
<td>Via QGS</td>
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### VERSION CONTROL RECORD

<table>
<thead>
<tr>
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<th>Author</th>
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<tr>
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<td>N Stobbart</td>
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THE INSERTION AND REMOVAL OF A PROGESTOGEN-ONLY SUB DERMAL CONTRACEPTIVE IMPLANT

INTRODUCTION

The Progestogen-only Sub Dermal Implant is a reliable and safe method of contraception available to women who require contraception; however there are contraindications and precautions to be considered when counselling women regarding this method of contraception. This procedure is therefore, not intended to be a stand alone document and should be used in conjunction with evidence based guidance and recommendations on the use of Progestogen-only Sub Dermal Implant methods of Contraception as a long term option, including the Trust Patient Group Direction for Etonogestrel 68mg Implant for Subdermal Use

The procedure outlines the responsibilities of Contraception & Sexual Health (CaSH) Staff when undertaking this intervention within the Service, and provides clinical staff within the CaSH service the necessary information to enable them to:

- Counsel clients regarding their chosen method of contraception,
- Enable clients to make an informed choice
- Fit / remove the client’s chosen method safely and ensure appropriate care/ follow up advice following the fitting / removal of the method.

TARGET GROUP

Contraception & Sexual Health (CaSH) Staff

TRAINING

All staff within the Trust are required to follow the Trust’s mandatory training matrix and their service core training matrix

Healthcare Professionals within CaSH service must;

- Hold a current Letter of Competence in sub-dermal implants (LoC-SDI) Faculty of Sexual and Reproductive Health Care (FSRHC)

OR

- An experienced nurse who is trained in the insertion and removal of sub-dermal implants and accredited by the Royal College of Nursing (RCN)

Evidence of revalidation should be provided for maintaining skills, by re-certifying every five years according to the Faculty of Sexual and Reproductive Health Care (FSRHC)/ Royal College of Nursing (RCN) regulations.

RELATED POLICIES

Please refer to relevant Trust policies and procedures
INDICATIONS

A woman who requests a Long Acting Reversible Contraception (LARC) and is sufficiently assessed and counselled regarding this method to enable her to make an informed choice regarding her chosen method of contraception.

There are no contraindications to the client continuing with the chosen method of Progestogen-only Sub Dermal Contraceptive Implant.

For most women the method of contraception is a safe option. There are a few circumstances where the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) recommends that the theoretical or proven risks outweigh the advantages of using the method (UKMEC 3) or that use of the method represents an unacceptable health risk (UKMEC 4)

For clients receiving the implant via the Patient Group Direction (PGD) for Etonogestrel 68mg Implant for Subdermal Use, refer directly to the PGD to ensure that the patient fulfills the criteria as outlined in the direction

Action If Excluded

Health Professionals must ensure they become familiar with the UK Medical Eligibility Criteria for contraceptive use recommendations for progestogen only implants.

Discuss alternative contraceptive methods with the client and record the alternatives discussed in the client’s health records

Refer to Contraceptive and Sexual Health (CaSH) Doctor or to the client’s GP as appropriate / if necessary.

Counselling / Consultation

The client should be assessed for eligibility for the method and counselled regarding the method chosen. Counselling of the client should be in conjunction with the appropriate Family Planning Association (FPA) information leaflet. Individual assessment of the risk of sexually transmitted infection should also be undertaken. The consultation regarding the use of the Progestogen – only Subdermal Contraceptive Implant will include:

• Insertion procedure
• Removal procedure
• Advantages of LARC
• Mode of action
• Contraceptive efficacy
• Duration of use
• Hormonal side effects
• Possible medication interactions
• Possible / Likely altered bleeding pattern
• Return to fertility after removal
• Post insertion / removal care of dressing
• STI prevention
• Possible localised skin reaction/ systemic reaction to recommended local anesthetic and implant prior / during / post procedure.
• The client’s history, including allergies must be documented during the consultation with the clinician.
• The client’s blood pressure must be taken and recorded prior to fitting/removal of implant.
• Leaflet given- Including the manufacturer’s leaflet

The consultation must be recorded in the client’s health records

CONSENT

Valid consent must be given voluntarily by an appropriately informed person prior to any procedure or intervention. No one can give consent on behalf of another adult who is deemed to lack capacity regardless of whether the impairment is temporary or permanent. However such patients can be treated if it is deemed to be within their best interest. This must be recorded within the patient’s health records with a clear rationale stated at all times. Refer to Trust Consent Policy for further information and guidance.

PROCEDURE FOR THE INSERTION & REMOVAL OF PROGESTOGEN – ONLY SUBDERMAL CONTRACEPTIVE IMPLANT

The CaSH Service requires that clients requesting removal or replacement of a Sub-Dermal Contraceptive Implant; contact the service for an appointment for the procedure.

EQUIPMENT

For fitting
• A warm room where privacy can be respected
• A firm couch at a convenient height (adjustable if available)
• Dressing trolley
• Disposable single use blue paper roll
• Disposable single use plastic couch protector
• An adjustable light
• Single use disposable non-sterile gloves.
• Single use disposable apron
• Plastic implant receiver to contain insertion items
• Local anaesthetic lidocaine 1% preparation for injection in 2ml vials
• Sterile single use syringe
• Sterile single use green hub needle
• 70% isopropyl alcohol impregnated sterile swab
• Chlorhexidine gluconate 2% in 70% isopropyl alcohol impregnated sterile swab/applicator
  (Choroprep) or for patients who are sensitive to chlorhexidine, a single patient use alcoholic
  solution of povidone iodine can be used if the patient is not sensitive to iodine.
• Sterile single use gauze
• Single use Subdermal Contraceptive Implant, boxed until required
• Protective sterile adhesive dressing
• Appropriate clinical waste bags / bins
• Appropriate sharps container

Emergency Equipment
• Adrenaline 1mg in 1ml 1:1000 available in anaphylactic “Shock Kit” with dosing chart as per
  Trust procedure, “Managing an anaphylactic emergency MMSOP24”
• Sterile single use Green and Blue hub needles x 5 each available in sealed shock box
• Emergency Oxygen as per Trust Standing Operating Procedure, “Handling, Use and Storage of Emergency Oxygen within Community Trust Services SOPMM30

The Insertion & Removal of Progestogen – only Sub Dermal Contraceptive Implant
For Removal
- All of above
- Sterile single use orange hub needle
- Single use sterile gloves
- Single use sterile large paper dressing towel
- Single use sterile galipot
- Single use sterile non woven swabs
- Single use sterile scalpel
- Single use sterile mosquito forceps (for use if required)
- Single use sterile steri-strips
- Single use sterile bandage

PRE PROCEDURE CHECKS AND DOCUMENTATION

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce yourself as a staff member, and at all times wear an identity badge which includes name status and designation.</td>
<td>To offer a welcoming environment and put the client at their ease.</td>
</tr>
<tr>
<td>Verify the client’s identity, address, GP information and date of birth are correct</td>
<td>To ensure procedure is undertaken on the correct client.</td>
</tr>
<tr>
<td>Offer and document name of chaperone or none if declined, and any other person, if present. Ensure verbal consent for the presence of any third party is obtained prior to commencement of the consultation.</td>
<td>To adhere to and follow chaperone protocol. To comply with Trust Policies and Procedures.</td>
</tr>
<tr>
<td>Prior to procedure carefully document the client’s medical / history / contraceptive history ascertain the date of her last menstrual period (LMP) and the date of her last sexual intercourse (SI) as appropriate.</td>
<td>To ensure that the client is not at risk of an unintended pregnancy and it is appropriate to fit the chosen method.</td>
</tr>
</tbody>
</table>

A progestogen-only sub dermal Implant may be inserted at any time in the menstrual cycle if it is reasonably certain the woman is not pregnant – i.e. the client has abstained from all sexual intercourse since Day 1 of the current menstrual cycle, or has correctly and consistently used a hormonal method of contraception. A carefully-taken sexual and menstrual history must be documented.

A progestogen-only subdermal Implant can be fitted within the first 5 days of the cycle, without the need for additional contraception, any other time in the cycle, additional contraception is required for 7 days. If the progestogen-only subdermal Implant is to be removed periods and normal fertility will return quickly.

It is good practice to discuss possible risk of Sexually Transmitted Infection (STI) during consultation and advise the client of Chlamydia (CT) and Gonorrhoea (GC) testing within the Service.

The Insertion & Removal of Progestogen –only Sub Dermal Contraceptive Implant
| **Document discussion and acceptance / refusal for screening.**  
The progestogen-only subdermal Implant will not protect against STIs | **Chlamydia Screening Programme.**  
Clients outside this age group would not be refused testing. |
|---|---|
| The Clinician must document the client’s current obstetric history.  
If a Progestogen-only subdermal Implant is fitted within 21 days post-natally it is immediately effective. If later than 21 days additional contraception must be used for 7 days.  
The Implant is safe to be fitted while breastfeeding | Return to fertility is estimated from 21 days post-natally, therefore abstinence or effective contraception must be evidenced to ensure no risk of pregnancy. |
| Before the procedure is undertaken, check availability of adrenaline 1mg in 1ml ampoules and emergency oxygen and check they are in date and fit for purpose. | Service complies with Trust policies and procedures and staff are adequately prepared in the event of an emergency. |
| Check the patient is not allergic or sensitive to any of the products used in the procedure including; the antiseptic, local anaesthetic or any of the products contained within the implant. Document any known allergies in the patient’s record. | To reduce the possibility of an allergic reaction |
| The client’s blood pressure must be taken and recorded in the patient’s record prior to the procedure | Baseline observations can be referred to especially if client feels “unwell”. |
| The clinician must observe the client throughout the procedure noting such affects as:  
Redness, swelling, irritation to puncture site, pallor, light-headedness, bradycardia/ tachycardia, nausea, pain, discomfort.  
**The procedure may be abandoned if clinically indicated. Ensure resuscitation procedures are followed as necessary.** | The client may experience anxiety/allergic reaction, during / following the procedure, therefore the client’s well being is paramount. Clinicians must fully assess the client, to ensure they are fit to leave the clinic. |
| Ensure consultation is fully documented, noting that the client has been counselled regarding;  
Mode of action, benefits, risks, side effects, advantages, disadvantages, failure rate, duration of use, fitting and removal procedure and associated information, return to fertility | To ensure the client makes an informed choice and accepts the information given regarding her chosen method of contraception, to consent to treatment. |
Ensure communication is maintained with the client throughout the procedure and each intervention is explained throughout.

### PROCEDURE FOR FITTING IMPLANT

<table>
<thead>
<tr>
<th>ACTION</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ensure the client is positioned comfortably on the prepared couch. Position the appropriate (non-dominant) arm for the procedure.</td>
<td>To maintain client comfort, privacy and dignity throughout procedure</td>
</tr>
<tr>
<td>Gather all equipment as outlined in the &quot;list of equipment for fitting&quot; prior to procedure</td>
<td>To prepare for procedure</td>
</tr>
<tr>
<td>Ensure all equipment which may be needed is available and to hand on a clean prepared field on a dressing trolley.</td>
<td>To ensure all necessary equipment is available for procedure and to ensure a clean work area</td>
</tr>
<tr>
<td>Decontaminate hands</td>
<td>To reduce the risk of transfer of transient microorganisms on the healthcare worker’s hands</td>
</tr>
<tr>
<td>Apply single use disposable apron</td>
<td>To protect clothing or uniform from contamination and potential transfer of micro-organisms</td>
</tr>
<tr>
<td>Using an Aseptic Non Touch Technique (ANTT), draw up 2ml of 1% lidocaine injection. Ensure the batch number and expiry dates are clearly visible to ensure in date for use for both the anaesthetic and the implant.</td>
<td>To anesthetise the skin</td>
</tr>
<tr>
<td>Decontaminate hands</td>
<td>The information is to be recorded in the client’s record in line with Trust record keeping policies</td>
</tr>
<tr>
<td>Apply single use disposable non-sterile gloves</td>
<td>To reduce the risk of transfer of transient microorganisms on the healthcare worker’s hands</td>
</tr>
<tr>
<td>Identify the insertion site, which is at the inner side of the non-dominant upper arm about 8 to 10cm above the medial epicondyle of the humerus. Wipe area 70% isopropyl alcohol impregnated sterile swab using a circular motion and allow to dry.</td>
<td>To avoid the neuro-vascular bundle in the groove between biceps and triceps muscle thus removing the risk of damage to the above structures</td>
</tr>
<tr>
<td>Using an ANTT inject 2ml of 1% lidocaine just under the skin along the planned insertion tunnel of the Sub Dermal Implant (SDI). When the area is sufficiently</td>
<td>To reduce the risk of transfer of resident microorganisms from skin to subcutaneous tissues or bloodstream</td>
</tr>
</tbody>
</table>
anaesthetised to touch, ensure the client feels no pain to stimuli to the skin.

<table>
<thead>
<tr>
<th>Action</th>
<th>Reason</th>
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<tbody>
<tr>
<td>Wipe the skin with chlorhexidine gluconate 2% in 70% isopropyl alcohol impregnated sterile swab/applicator or recommended alternative and allow to dry</td>
<td>To reduce the risk of transfer of resident micro-organisms from skin to subcutaneous tissues or bloodstream</td>
</tr>
<tr>
<td>Using an ANTT prepare the Sub Dermal Implant for insertion by removing the transparent protective cap.</td>
<td>To confirm the presence of the implant</td>
</tr>
<tr>
<td>Inspect the introducer to ensure the implant is visible</td>
<td>If the implant is inserted too deep, neural or vascular damage may occur. Also if the implant is inserted too deep, it may not be palpable and the localisation and/or removal can be difficult</td>
</tr>
<tr>
<td>The implant should be inserted subdermally just below the skin. Using an ANTT, place the introducer onto the prepared skin and insert the SDI according to manufacturer’s instruction, supported by appropriate accredited professional training.</td>
<td></td>
</tr>
<tr>
<td>Cover the puncture site with single use sterile gauze and apply pressure</td>
<td>To stop any bleeding</td>
</tr>
<tr>
<td>Verify the presence of the implant immediately after insertion by palpation whilst still covering the puncture site with the sterile gauze</td>
<td>To confirm presence of the 4cm implant. By covering the puncture site whilst palpating, will prevent contamination by protecting key site</td>
</tr>
<tr>
<td>Apply protective sterile adhesive dressing to the insertion / puncture site, fold gauze over the area and apply single use bandage</td>
<td>To ensure effective healing of the skin / wound site</td>
</tr>
</tbody>
</table>

**If the implant cannot be palpated**

Check the applicator. The needle should be fully retracted

If the implant cannot be palpated refer the patient to Dr Kirkwood, Women’s and Children’s Services, The Long House, Countess of Chester Health Park, where the implant will be located via an ultrasound scan

The Trust has a service level agreement with the Countess of Chester for removal of subdermal implants that cannot be palpated

Observe the client following the relevant procedure and that the client is comfortable and satisfactory

To observe if the client has suffered any adverse effect to the procedure and to identify if the client is well enough to be encouraged to dress.

Clear all equipment away disposing of clinical waste as per Trust policy and clean the area using Trust approved cleaning wipe

To prevent cross infection and environmental contamination
Decontaminate hands following removal of Personal Protective Equipment (PPE)  
To remove any accumulation of transient and resident skin flora that may have built up under gloves and possible contamination following removal of PPE

Provide client with supporting information regarding care of the wound dressing, post procedure.  
Following SDI insertion. Provide client with manufacturer’s information leaflet available when fitting the Implant. 
The client must also be given an information “credit card” containing fitting date / expected date for replacement 3 years from fitting. 
Advise client to return to clinic if any concerns

To ensure wound site is kept clean and dry to encourage effective healing and reduce possible bruising to the area. 
To ensure client has understood information about the procedure undertaken. 
Client is to be aware that the service operates an appointment system for these procedures and therefore endeavour to make appointment in advance of the “expiry” date of the method.

<table>
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<tbody>
<tr>
<td><strong>ACTION</strong></td>
</tr>
<tr>
<td>Ensure the client is positioned comfortably on the prepared couch. Position the appropriate (non-dominant) arm for the procedure.</td>
</tr>
<tr>
<td>Gather all equipment as outlined in the “list of equipment for removal” prior to procedure</td>
</tr>
<tr>
<td>Ensure all equipment which may be needed is available and to hand near to the clean prepared field on a dressing trolley.</td>
</tr>
<tr>
<td>Decontaminate hands</td>
</tr>
<tr>
<td>Apply single use disposable apron</td>
</tr>
<tr>
<td>Using an ANTT draw up 0.5ml to 1ml of 1% lidocaine</td>
</tr>
<tr>
<td>Apply single use disposable non sterile gloves Palpate to locate position of the implant Wipe with 70% isopropyl alcohol impregnated sterile swab using a circular motion and allow to dry Using an ANTT inject the local anaesthetic to the appropriate required area for the removal of</td>
</tr>
<tr>
<td>Action</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>the SDI</td>
</tr>
<tr>
<td>Remove gloves and decontaminate hands</td>
</tr>
<tr>
<td>Ensure all equipment which may be needed is available and to hand on a clean prepared field on a dressing trolley.</td>
</tr>
<tr>
<td>Apply sterile gloves in a manner which prevents the outer surface of the sterile glove being touched by a non sterile item.</td>
</tr>
<tr>
<td>Clean the skin with chlorhexidine gluconate 2% in 70% isopropyl alcohol impregnated sterile swab/applicator or recommended alternative using a circular motion and allow to dry</td>
</tr>
<tr>
<td>Puncture the skin making a small longitudinal insertion using a sterile single use disposable scalpel, remove the SDI, by manipulation. Remove with the fingers / gauze, and / or small forceps if necessary. The mosquito forceps should only be used if required</td>
</tr>
<tr>
<td>Ensure the SDI is intact and allow client to witness this, before disposal.</td>
</tr>
<tr>
<td>Cover puncture site with sterile gauze swab and clean the surrounding skin as directed previously. Apply sterile steri-strips to the puncture site. Place folded gauze over the area and apply single use bandage. Provide the individual advice for care of the wound site.</td>
</tr>
<tr>
<td>Observe the client following the procedure and that the client is comfortable and satisfactory</td>
</tr>
<tr>
<td>Clear all equipment away disposing of clinical waste as per trust policy and clean the area using Trust approved cleaning wipe.</td>
</tr>
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</table>
The Insertion & Removal of Progestogen –only Sub Dermal Contraceptive Implant

Decontaminate hands following removal of Personal Protective Equipment (PPE)
To remove any accumulation of transient and resident skin flora that may have built up under gloves and possible contamination following removal of PPE

Client is provided with supporting information regarding care of the wound dressing, post procedure.
Advise client to return to clinic if any concerns
To ensure client has understood information about the procedure undertaken.
To ensure wound site is kept clean and dry to encourage effective healing and reduce possible bruising to the area.

Document procedure(s) fully on CaSH ADASTRA IT system, including the reason for removal of the implant, the names, batch numbers and expiry dates of the local anaesthetic and implant used and any concerns or issues encountered and actions taken. Document; if a chaperone attended and the name of the chaperone or any third parties, the advice given and any follow up information provided to the client.
To comply with legal and professional requirements and comply with Trust record keeping policy.

INCIDENT REPORTING
Clinical incidents or near misses must be reported using the Trust Incident Reporting system as soon as possible.

SAFEGUARDING
In any situation where staff may consider the patient to be a vulnerable adult, they need to follow the Trust Safeguarding Adult Policy and discuss with their line manager and document outcomes.

REFERRALS
Any referrals to health professionals, therapists or other specialist services must be followed up and all professional advice or guidance documented in the patients’ health records.

EQUALITY ASSESSMENT
During the development of this procedure the Trust has considered the clinical needs of each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation). There is no evidence of exclusion of these named groups. If staff become aware of any clinical exclusions that impact on the delivery of care the incident should be reported using the Trust Incident Reporting system and an appropriate action plan put in place.

ABBREVIATIONS
BP  Blood Pressure
CaSH  Contraception and Sexual Health
CT  Chlamydia Trachomatis
G.P.  General Practitioner

The Insertion & Removal of Progestogen –only Sub Dermal Contraceptive Implant
References

Faculty of Sexual and Reproductive health Care (2009 revised May 2010) . UK Medical Eligibility Criteria for Contraceptive use


Faculty of Family Planning and Reproductive Health Care (2006)Training Requirements for Doctors Wishing to Obtain the Letter of Competence in Subdermal Contraceptive Implants (LoC SDI)

Faculty of Sexual and Reproductive Health Care (Oct 2010) Service Standards for Resuscitation in Sexual Health Services. London

Family Planning Association. Registered Charity number 250187 supported by the Department of Health

National Institute for Health and Clinical Excellence (NICE) Long-acting reversible contraception; the effective and appropriate use of long-acting reversible contraception.

Royal College of Nursing (RCN) Inserting and Removing Subdermal Contraceptive Implants : Training Guidance for Nurses) London

Faculty of Sexual and Reproductive Health Care (September 2011). Service standards on obtaining consent in services. London.

Faculty of Sexual and Reproductive Healthcare (March 2012) Service standards on confidentiality. London.

Nursing and Midwifery Council the Code Standards of conduct, performance and ethics for nurses and midwives. London: NMC