Devon Sexual Health
Contraception, Sexual Health & HIV service

NHS

Subdermal contraception

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Clinical lead for contraception

Plan for the evening

- Refreshments
- Networking/meet the team
- Brief update
- Group discussion
- A nose around the department if you would like?

Current issues

- Pending new FSRH guidance
- Recent clinical issues locally
- Commissioner requirement to hold LoC SDI
- New FSRH training routes/qualifications

Contraceptive use

- The pill remains the most popular prescribed method in UK
- IUCs more popular than implants (worldwide)
- PHE Laser 2018- Devon:
  - Total prescribed LARC 74.5/1000 (compared with 49.5/1000 England and 64.4/1000 SW)

Implant vs IUC

- Last 12m period we fitted:
  - 1,069 implants
  - 1,424 IUCs

IUDs particularly popular among young women

History lesson

- Norplant- first used 1983 Finland- 6 rods LNG. UK license 1993- withdrawn 1999
- Jadelle- or Norplant 2. still used around world- 2 rods- LNG, 5yr licence
- Implanon- UK license 1999- etonogetrel
- Nexplanon emerged in 2010.

Nexplanon

NHS

What we do and why?

Discussion

- Counselling?
- Consent- verbal/written?
- Where do we fit? Over triceps/biceps?
- Sterile/non touch?
- Do we drape?
- Pressure bandage?
- Longitudinal vs horizontal excision for removal

ARM IN A MESS Carer, 21, has had contraceptive implant 'lost' in her arm for TWO YEARS – after doctors tried three times to dig it out

Thousands of women fear for their fertility as popular arm implants go 'missing' inside their bodies

IMPLANT AGONY Woman, 31 rushed to surgery after her contraceptive implant moved from her arm to her LUNG

Birth control implant goes MISSING in young mum's arm for five months as doctors need an ultrasound to find it

Problems

- Deep implants- care with refits
- Missing implants
- Post fit infection
- Tricky removals
- Broken implants
- Pregnancy with implant in situ
- Bleeding – how to manage

Case: missing implant and pregnancy
Case: broken implant
Case: infection in women with ezcema- RP and JH
Case: implant non palpable immed fitted- HR
What constitutes a deep implant?

Nexplanon Organisational Risk Assessment study

- Non-interventional, post-authorisation safety study
- 7,364 women in US between 2011-2017
- Published March 2018
- The incidence of deep implants in the study was 8.8 per 1000 insertions

Do implants move?

- Observational study - followed up 100 Implanon® insertions suggests - if inserted correctly, migration of the implant from the insertion site is typically less than 2cm
- Distant migration has also been reported…
- Data held by MSD -worldwide there is one case of intravascular migration for every 1.3 million implants sold. [ref MHRA]

FSRH guidance

- Pending changes to guidance
- To settle dispute between MSD and FSRH about fit site
- To bring in line with USA

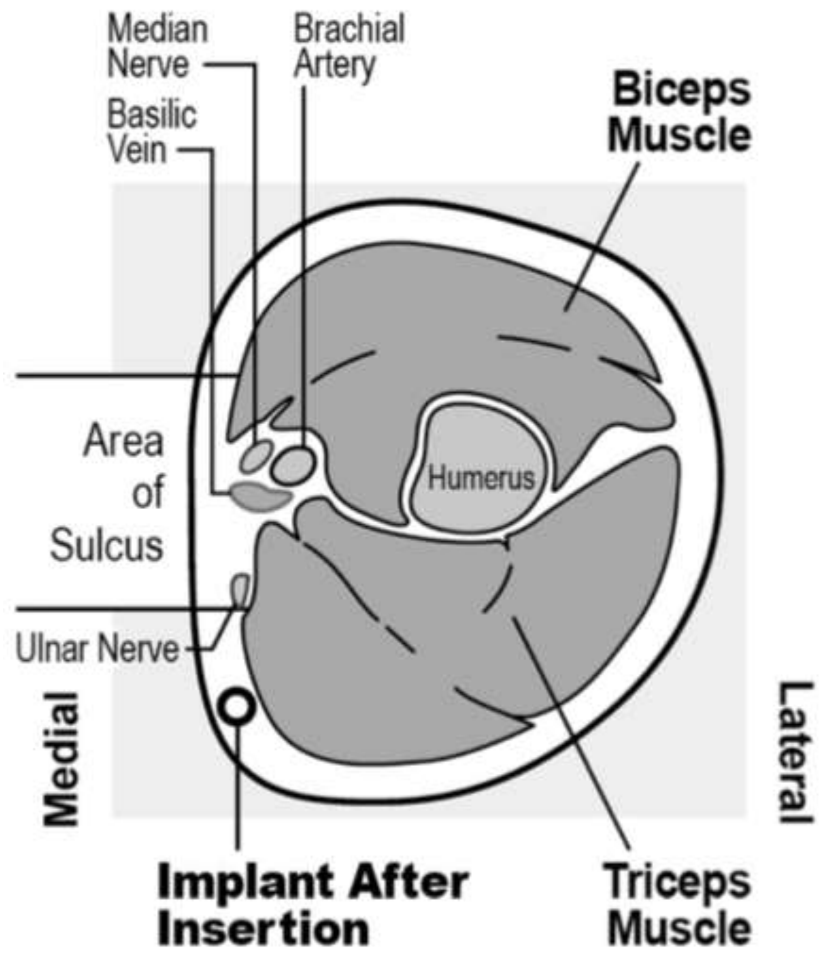
- *Thank you FSRH for slides………*

NHS

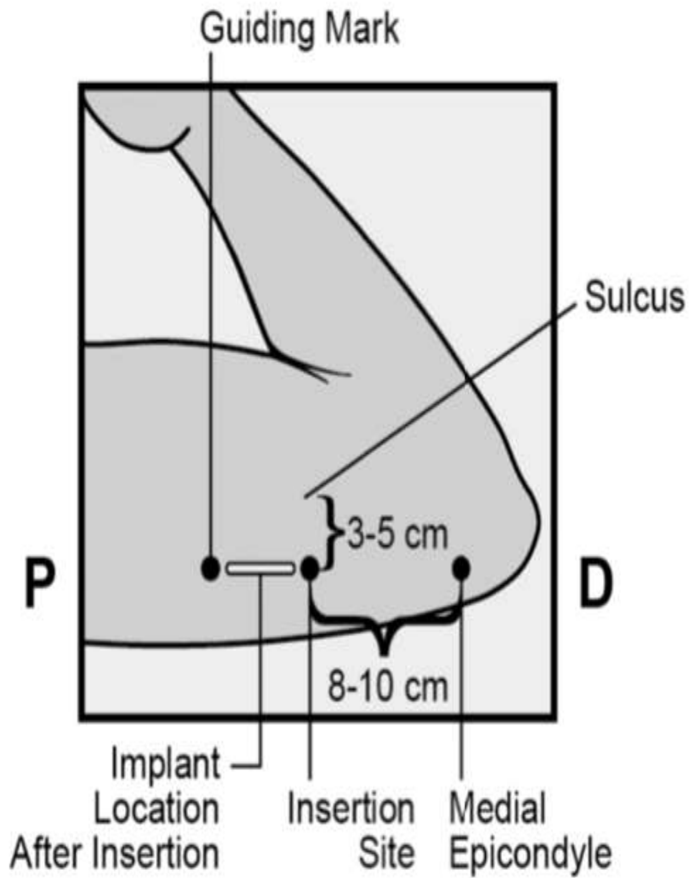
- Change in insertion site approved by FDA in US
- Still inner side of the non-dominant upper arm.
- But:

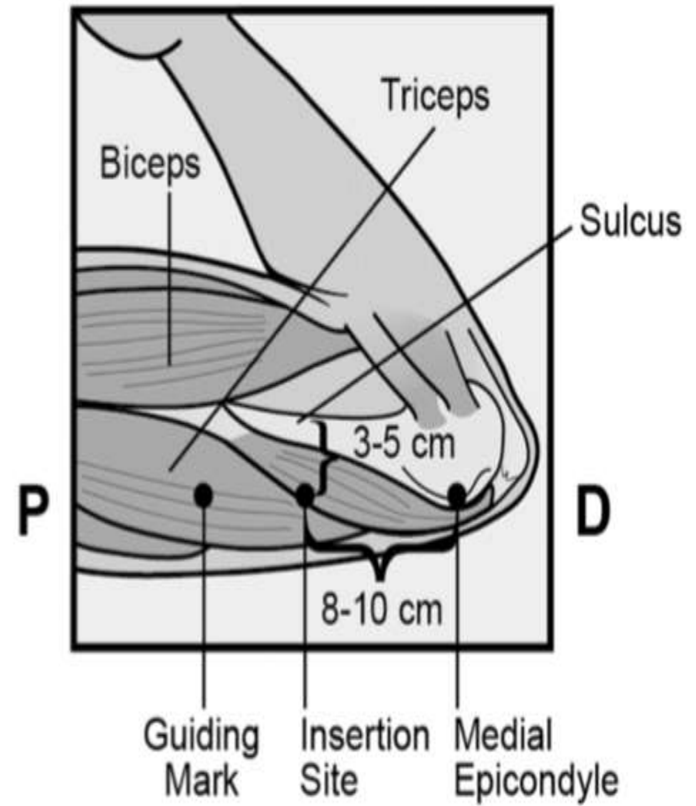
insertion site is overlying the triceps muscle:

  - 8-10 cm (3-4 inches) from the med epicondyle
  - 3-5 cm (1.25-2 inches) posterior to the sulcus (groove)



FSRH





FSRH

Proposed guidance

- *"FSRH CEU expects the MHRA to approve the new insertion site at the end of 2019 and will update FSRH guidance in line with this to avoid ongoing confusion."*

AVOID THE SULCUS

- Arm abducted to 90, elbow flexed and hand behind head (model pose)
- Evidence that the ulnar nerve moves anteriorly towards sulcus and away from insertion site when elbow flexed

Allowed variations to practice:

- Consent- written or verbal
- Skin prep
- Use of sterile gloves for insertion or no touch
- Lidocaine 1% or 2%
- Whether to anaesthetise whole tract or not
- Type of scalpel
- Dressings- steristrips/waterproof/pressure
- Post op wound care

Unacceptable not to:

- Gain and document verbal consent
- Use a sterile pack
- Mark skin for insertion
- Insert subdermally and at 30 degree angle
- Palpate implant after insertion
- Use sterile gloves for removal
- Remove through a longitudinal incision

Changes to practice?

- Counsel about deep insertion
- Document implant palpated by both you and patient
- Advise report non palpable implant
- Longitudinal incision for removal
- Watch out for new guidance- change insertion site
- *DOCUMENT everything*

- Deep implant removal service:

  CASH
  Cumberland Centre
  Damerel Close
  Devonport
  Plymouth
  PL1 4JE

LocSDI

- Info all on FSRH website
- Experienced fitter route but do still need to pass eka
- LocSDI IO -for midwives and abortion providers currently- 2019 pilot to remove the eka requirement and replace with an on line contraceptive counselling course.

May be opened to other HCPs but not to primary care providers

Training

- DFSRH- about to change
- LocIUT- experienced fitter route
- FSRH Essentials course- for primary care HCPs- planned for Spring 2020 Exeter
- FSRH Essentials course for Midwives- pilot

Working together

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Thank you for coming