Consultation on draft scope: FSRH Member
FSRH Clinical Guideline Progestogen-only Implants

This document provides a more detailed description of the proposed content for the FSRH Clinical Guideline on Progestogen-only Implant updated

Please submit your feedback using the online survey:
https://www.surveymonkey.co.uk/r/POSDIScopingFSRHMemSurvey

1. **Purpose and Scope**

2. **Summary of changes (anticipated)**
   - Insertion site
   - Risk of intravascular insertion
   - Advice for use beyond licensed 3 years

3. **What is the PO SDI and how does it work?**
   
   **Mode of action**
   
   **Duration of use**
   - Licensed use
   - Extended use

4. **How effective is the PO SDI?**
   - Figures for effectiveness
   - Effectiveness beyond licensed duration of use (when (not) to consider EC)
   
   **What can affect effectiveness?**
   - enzyme inducing drugs
   - ??Esmya
   - NOT
     - Antibiotics
     - absorption issues/ Diarrhoea +Vomiting
     - ?weight/ BMI

5. **What are the benefits?**
   
   **Contraceptive benefits**
   - Highly effective and reversible
   - Non user dependant
   
   **Non contraceptive benefits**
   - Possible amenorrhoea/less bleeding, lighter bleeding
6. What are the risks?
- Insertion site infection
- Allergy
- Deep/intravascular insertion
- Cardiovascular
- Cancers
- BMD
- Ectopic
- Ovarian cysts

7. What are the possible side effects?
Bleeding patterns (link to section on management of bleeding problems and to Problematic Bleeding guideline)
- Mood changes, headache, skin (other hormonal side effects...)
- No evidence that the implant affects weight

8. Who can use the PO SDI?
- UKMEC 2016- mention category 3 and 4 conditions (there aren’t many) e.g. current/past breast cancer, severe cirrhosis or liver tumour, undiagnosed abnormal bleeding.

9. When can the PO SDI be inserted?
- Standard start
- Quick start (link)
- Start after EC (link)
- Start after pregnancy: childbirth, abortion, misc, ectopic, GTD (link)
- Switching from other contraceptive method

10. Drug Interactions
- Enzyme inducing drugs
- UPA

11. What should be done in an initial consultation?
- Assessment of eligibility: PMH (e.g. breast cancer history/liver disease/bleeding problems), FH
- Assessment re effectiveness: DH
- Information giving- effectiveness, mode of action, insertion and removal procedure, interactions, risks- deep/intravascular insertion, bleed pattern, S/E, duration of use
- PMH, FH, meds, allergies, LMP, menstrual history, sexual history, smear history
- When to start, how long until implant becomes effective
- Any FU (eg. pregnancy test)

12. How should the implant be inserted, removed and replaced?
- Training requirements
- Technique:
  - Aseptic procedure (skin cleaning agent)
  - Positioning (diagram of both position and depth)
  - Anaesthesia (injected LA, topical LA, ethyl chloride spray)
  - Insertion procedure
  - Standard removal (advice that if deeper refer on)
  - Replacement
  - Aftercare
  - Resuscitation
- Appropriate links to Standards documents
13. **What are the risks associated with the insertion or removal procedure?**
   - Deep insertion
   - Intravascular insertion
   - Non-insertion
   - Nerve or vascular injury

14. **Follow up information and advice**
   - When to return (impalpable, infection, pain, bleeding concerns, expiry date)
   - When to do pregnancy test if required

15. **Management of problems associated with PO SDI use**
   - Problematic bleeding
   - Impalpable implant (discuss referral pathway and deep implant removal procedure here)
   - Bent or fractured implant
   - Pregnancy

16. **What recommendations are there for stopping the PO SDI?**
   - Switching to another contraceptive method (link to switching document)
   - Planning a pregnancy (pre-conception advice, no delay in return to fertility)
   - Can be used until aged 55

17. **Cost effectiveness**

18. **Recommendations for Future Research**
19. **Considerations for Implementation of this Guideline**
20. **Useful links**
21. **References**
22. **Appendices/ Resources**
23. **Questions for Continuing Professional Development**
24. **Auditble Outcomes**