FSRH Progestogen-only Implant Guideline Webinar
March 2021

Speakers:
- Claire Nicol, Advanced SRH Practitioner
  Lothian Sexual Health
- Dr Katie Boog, CSRH Consultant
  Fife Sexual Health Service
New CEU

Katie Boog

Claire Nicol
Conflict of interest

Nothing to disclose
What’s new?

What’s not?
13 Checklist prior to etonogestrel implant insertion

The HCP inserting the ENG-IMP should ensure that (as a minimum) the following criteria are met prior to insertion:

1. Individual assessed as medically eligible
2. Checked no interacting drugs or herbal remedies
3. Checked no allergies to implant content or local anaesthetic
4. Checked suitable time to insert and requirement for additional contraception/follow-up pregnancy testing
5. Individual advised about:
   ▶ Contraceptive effectiveness
   ▶ Duration of use
   ▶ Interaction with medicines/herbal remedies
   ▶ Potential bleeding patterns
   ▶ Other potential side effects
   ▶ Insertion procedure and associated risks including local reaction/haematoma, deep insertion, intravascular insertion, migration and neurovascular damage
   ▶ Removal procedure.
How effective is the implant?

- Highly effective – 1\textsuperscript{st} year failure rate 0.05%
- Not user dependent
- Effective at higher BMIs
- Effectiveness reduced by enzyme inducers
- Theoretical risk of interaction between Nexplanon and UPA for fibroid management
- There \textit{are} occasional true contraceptive failures
Risk of pregnancy appears to be low during the 4th year of use.

Evidence is limited.

Is Nexplanon as effective in year 4 as it is in years 1-3?

Could Nexplanon still be more effective in year 4 than typically-used oral contraception?
So what does the guideline recommend?

- 3 years of use in **routine** practice

**Unchanged**

- During COVID could extend to 4 years, BUT…
  - **Must** advise effectiveness not guaranteed
  - Consider using additional precautions

- Some changes to **switching advice for 4th year of use**
# Timing of Nexplanon replacement

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<tbody>
<tr>
<td>≤ 3 yrs</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>None</td>
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<tr>
<td>In situ 3-4 years</td>
<td></td>
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<tr>
<td>In situ &gt;4 years</td>
<td>≥21 days ago</td>
<td>Yes</td>
<td>No</td>
<td>Yes, if PT neg</td>
<td>Condoms 7 days</td>
<td>None</td>
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<tr>
<td></td>
<td>&lt;21 days ago</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes*, if PT neg</td>
<td>Condoms 7 days</td>
<td>PT 21 days after UPSI</td>
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Case Study 1

24 year old, implant insitu for 3.5 years, attends for implant change
Regular sex, last sex last night

- Should a pregnancy test be completed now? Yes
- Should you change the implant now? Yes- if PT neg
- Should you consider EC? Not required but LNG-EC can be considered
- Are additional precautions required? Yes 7 days
- Is any follow up required? Yes PT 21 days

If this implant had been in situ for >4 years then EC WOULD be recommended
Switching to another method of contraception

- Comprehensive switching table
- Implant in situ from 3-4 years
- Effectiveness still likely to compare favourably with typical use of oral contraception
- PT negative today
- Condoms for next 7 days if IUS
- Follow up PT 3 weeks after last UPSI

NEW

IUC can be inserted today even if UPSI within last 21 days
Who can use Nexplanon?

- Very few medical conditions contraindicate use
- Can be used from menarche to age 55 years
- No limit to number of consecutive implants
- No changes to UKMEC
How safe is Nexplanon?

- The absolute risk of ectopic pregnancy is extremely small
- No significant increase in risk of venous or arterial thromboembolic events or breast cancer ...
  
  ... However, evidence is limited

- The available evidence is too limited to confirm or exclude an associated reduction in bone mineral density
  
  - No additional monitoring of bone density required
What are the side effects?

- Unpredictable bleeding patterns
- Headache
- Weight change
- Depression
- Acne

New onset, worsening or improvement

Insufficient evidence to confirm or exclude causative association
Nexplanon bleeding patterns

- Common reason for discontinuation
- Fewer days bleeding/spotting than with natural cycles/CHC, but less predictable
- Often irregular
- Unpredictable
- Change over time
- Can change at any time
I’ve had the implant for 2 months now and I'm bleeding every day, is it always going to be like this?

No, no. Give it another month or two and it will all settle down. The bleeding will probably stop altogether.
I’ve been using the implant for 1 year and not had any bleeding, but now I’ve been bleeding on and off for weeks. Is this normal?

That might be a sign that the implant is running out and not working as well for you. Let’s change it early and that will help.
Management options for problematic bleeding

- Exclude other causes of bleeding
- Offer a 3 month trial of combined hormonal contraception
  - If medically eligible
  - Outside product license
- OR
- Offer a 5 day course of mefenamic acid
- No evidence for use of POP but often used in practice
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   - Removal procedure
When can it be inserted?

- No additional precautions required if:
  - Days 1-5 of a natural menstrual cycle OR
  - Days 1-5 of after abortion OR
  - By day 21 after childbirth

- At any other time, when not using contraception
  - Extra precautions for 7 days
  - Consider EC
  - PT on day of fit
  - Follow up PT 21 days after last UPSI

If recent UPSI

No changes here
Insertion – individuals with higher risk of bleeding

- NSAIDs for pain relief **X** Avoid peri-procedure

**Updated to reflect CEU statement**

*Management of women taking anticoagulants or antiplatelet medications who request intrauterine contraception or subdermal implants* (2017)

- Bleeding/platelet disorder **✓** Platelets >50
- **✗** <50 check with haematologist
Insertion risk

Risk of intravascular insertion and distant migration to the pulmonary vasculature
Does insertion site affect:

- Risk of intravascular insertion and distant migration?
- Risk of nerve damage at time of insertion/removal?
The evidence

- No studies directly comparing risks with real-life insertion at different sites
- Manufacturer-sponsored cadaver study
- Identified site with fewest underlying neurovascular structures
New Nexplanon insertion site

FSRH recommendation for the new insertion site (over triceps) has aligned with new manufacturer guidance.
Identifying the new insertion site
Identifying the new insertion site

- Start at the medial epicondyle
- Measure 8-10cm proximally along the sulcal line
- From this point, measure 3-5cm posteriorly, perpendicular to the sulcal line
New Nexplanon insertion site

- Will it reduce risk in practice?
  - Formal training and update
  - Know the anatomy
  - Keep insertion superficial

- Don’t move an existing implant just because it’s at the old site

- If replacing an implant in situ at the old site, insert at the new site

Take Home Messages...
1. Duration of use

Although extended use of Nexplanon during the pandemic is often appropriate ... 

... **standard** duration of use for Nexplanon is still 3 years
2. Insertion site

The recommended site for implant insertion has changed
3. Intravascular Migration

- Intravascular migration of implants is uncommon, but exact frequency is unknown
4. Bone mineral density

MORE caution with interpretation of evidence and no longer able say that there is DEFINITELY no effect on bone mineral density.
5. Switching to IUC in 4th year of use

LESS concern about switching to IUC in year 4

- In the 4th year of Nexplanon use, if a PT is negative on the day, IUC can be inserted even if there has been UPSI in the last 21 days.

- Condoms are required for 7 days for an IUS and a follow up PT is required.
Any Questions?

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