

FSRH CEU Statement on Nexplanon® Insertion Site 15 January 2020

The manufacturer of Nexplanon® has today (Merck Sharp & Dohme Limited, 15/01/2020) issued updated guidance regarding recommended Nexplanon insertion site.¹ The guidance is based on a recent manufacturer-funded study² in which cadaveric arms were dissected. The study identified the site on the inner upper arm at which there are fewest underlying neurovascular structures and thus least theoretical risk of Nexplanon insertion/removal-related neurovascular damage or intravenous insertion. It is noted that there are no robust real life clinical data to inform the site at which, in clinical practice, there is least risk of significant complication at Nexplanon insertion or removal. FSRH CEU acknowledges that there remain different opinions about the most suitable Nexplanon insertion site. However, to reflect the findings of the anatomical study and avoid further conflicting guidance, FSRH opts to support the manufacturer recommendation. This represents a change in FSRH guidance.

To identify the recommended insertion site:

- ▶ the woman should lie on her back, non-dominant arm abducted to 90°, elbow flexed and hand behind her head
- ▶ starting at the medial epicondyle, measure 8-10cm proximally along the sulcal line (the groove between brachialis/biceps anteriorly and triceps posteriorly). From this point, measure 3-5cm posteriorly, perpendicular to the sulcal line to identify the point over triceps at which the insertion device will pierce the skin
- ▶ from the insertion site, the inserter is advanced proximally, parallel to the sulcal line.

FSRH highlights that:

- ▶ regardless of insertion site, it is critical to ensure that deep insertion is avoided
- ▶ care must be taken to identify anatomical landmarks correctly so that insertion into the sulcus between biceps and triceps is avoided
- ▶ Nexplanon insertion (and removal) should only be carried out by appropriately trained healthcare professionals. The manufacturer has produced materials to clarify the recommended insertion site and technique and to support those who have been trained to insert Nexplanon at a different site. FSRH will be producing further training materials. FSRH-trained Nexplanon inserters trained to insert Nexplanon over biceps may choose to continue to do so until they are competent and confident in identifying the new insertion site, ensuring as always that insertion is superficial and avoids the sulcus
- ▶ Nexplanon implants that are already in situ at another site should not be removed and replaced at this recommended site unless routine replacement is due.

References

1. Merck Sharp & Dohme Limited. *Direct Healthcare Professional Communication on the association of Nexplanon – etonogestrel 68mg, implant for subdermal use - Update to the insertion and removal instructions to minimise the risks of neurovascular injury and implant migration*. 15/01/2020. Available online [here](#)
2. Iwanaga J, Fox MC, Rekers H, Schwartz L, Tubbs RS. Neurovascular anatomy of the adult female medial arm in relationship to potential sites for insertion of the etonogestrel contraceptive implant. *Contraception* 2019; **100**: 26-30.

The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual and Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a member's enquiry service, evidence based guidance, new SRH product reviews and clinical audit/research. [Find out more here.](#)