STANDARDIZED PROCEDURE
SUBCUTANEOUS CONTRACEPTIVE IMPLANT INSERTION AND REMOVAL (Adult, Peds)
These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives at UC San Diego Health System. Deviations from these standardized procedures should be documented in a procedure or operative note.

I. Definition:
Insertion and removal of subcutaneous contraceptive implant for long term contraception.

II. Background Information
A. Setting:
UC San Diego Health Inpatient and Outpatient locations

B. Supervision:
Nurse Practitioners and Nurse-Midwives do not require direct supervision during implant insertion and removal once competency is determined and they have been granted the privilege to perform the procedures. A physician will be available for contact for consultation or referral either in person or by telephone.
Consultation is indicated for the following:
1. Patient decompensation or intolerance to the procedure
2. Any other deviation from normal

C. Indications
Patients desiring long term contraception.

D. Precautions/Contraindications
The following conditions are absolute contraindications contraceptive implant use:
1. Known, possible, or suspected pregnancy
2. Unexplained abnormal vaginal bleeding
3. Current or history of thrombosis or thromboembolic disorders
4. Acute or active liver disease or liver tumor (benign or malignant)
5. Known or suspected breast cancer or other progestin-sensitive cancer, present or past
6. Hypersensitivity to any component of the etonogestrel implant

III. Subjective Data
Patient has expressed preference in the contraceptive implant after being completely evaluated including:
1. All contraceptive options
2. Risks and benefits of contraceptive implant
3. Absence of absolute contraindications
4. Sexual history to rule out preexisting pregnancy
5. Pertinent past medical, surgical, and family history, hospitalizations, habits current medications, allergies.
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IV. Objective Data
1. Physical exam as appropriate.
2. Laboratory and imaging evaluation, as indicated, relevant to history and exam, including a negative pregnancy test

V. Procedure

Insertion procedure
1. Informed consent is obtained. Perform a time out with all the appropriate steps.
2. Place patient on exam table in supine position. Non-dominant arm is flexed at the elbow and externally rotated so that patients hand under the head.
3. Identify the insertion site, which is at the inner side of the non-dominant upper arm. The insertion site is measured 8-10 cm (3-4 inches) from the medial epicondyle of the humerus and 3-5 cm posterior to the sulcus (groove) between the biceps and triceps muscles. This location is intended to avoid the large blood vessels and nerves lying within and surrounding the sulcus. If it is not possible to insert the implant in this location (e.g., in women with thin arms), it should be inserted as far posterior from the sulcus as possible.
4. With a surgical maker mark the first spot where the etonogestrel implant will be inserted, and the second mark at 5 centimeters (2 inches) proximal (toward the shoulder) to the first mark. The second mark (guiding mark) will later serve as a direction guide during insertion. After marking the arm, confirm the site is in the correct location on the inner side of the arm.
5. Clean the skin from the insertion site to the guiding mark with an antiseptic solution.
6. Anesthetize the insertion area (for example, with anesthetic spray or by injecting 2 ml of 1% lidocaine just under the skin along the planned insertion tunnel).
7. Remove the sterile preloaded disposable applicator carrying the implant from its blister. The applicator should not be used if sterility is in question.
8. Insert the implant according to device specific instructions.
9. Verify the presence of the implant in the woman’s arm immediately after insertion by palpation. By palpating both ends of the implant, the APP confirms the presence of the 4 cm rod. Request that the patient palpate the implant.
10. Apply a small adhesive bandage over the insertion site. Apply a pressure bandage with sterile gauze to minimize bruising. Verify the presence of the implant in the woman’s arm immediately after insertion by palpation. By palpating both ends of the implant, the provider confirms the presence of the 4 cm rod.

Post insertion
1. Complete the USER CARD and give it to the woman to keep.
2. Instruct the patient they may remove the pressure bandage in 24 hours and the small adhesive bandage over the insertion site after 3 to 5 days.
3. Patient is instructed to call the OB/GYN clinic immediately for pain, rash, or redness at the insertion site, fever/chills, malodorous or purulent discharge. Or if the implant is not easily palpable.
4. Patient is instructed to use backup contraception for 7 days. All patients should be counseled to continue use of condoms for STI prevention.
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Removal procedure

1. Informed consent is obtained. Perform a time out with all the appropriate steps.
2. Place patient on exam table in supine position. The arm is positioned with the elbow flexed and the hand underneath the head (or as close as possible).
3. The implant is located by palpation. Push down the end of the implant closest to the shoulder to stabilize it; a bulge should appear indicating the tip of the implant that is closest to the elbow.
4. If the tip does not pop up, removal of the implant may be more challenging and should be performed by providers experienced with removing deeper implants.
5. The distal end is marked with a surgical marker. The area is cleaned and anesthetized and the implant is removed in accordance with the manufactures guidelines.
6. Confirm that the entire implant, which is 4 cm long, has been removed by measuring its length.
7. After removing the implant, close the incision with a sterile adhesive wound closure. Apply a pressure bandage with sterile gauze to minimize bruising.
8. The woman may remove the pressure bandage in 24 hours and the sterile adhesive wound closure in 3 to 5 days.

Follow-up treatment

1. These problems should always prompt immediate evaluation by a clinician
   - Infections or vaginitis
   - Heavy bleeding
   - Severe headaches
   - Requests for removal
   - Pregnancy
   - Cannot palpate the device
   - Expulsion or migration of the device

V. Documentation

A. Documentation is in the medical record

   Reflects obtaining of preprocedure evaluation, time out, written informed consent, medications administered, patient response to procedure, complications of procedure, patient instruction and follow up plan.

B. Abnormal or unexpected findings are reviewed with supervising physician.

VI. Competency Assessment

A. Initial Competence

The Advanced Health Practitioner will have completed training and have a valid certificate. They will demonstrate knowledge of the following:

1. Medical indication and contraindications of contraceptive implant
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1. Insertion.
2. Risks and benefits of the procedure
3. Related anatomy and physiology
4. Consent process
5. Steps in performing the procedure
6. Documentation of the procedure
7. Ability to interpret results and implications in management.

Advanced Health Practitioner will perform the procedure five times under direct supervision of a provider with privileges for contraceptive implant insertion and removals (Advanced Health Practitioner or Physician).

Proctoring provider(s) will document Advanced Health Practitioner’s competency prior to performing procedure without supervision.

The Advanced Health Practitioner will ensure the completion of proctoring documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.

2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least three times within 2 years. In cases where this minimum is not met, the Advanced Health Practitioner must again be proctored.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

REFERENCES:


VII. RESPONSIBILITY
Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438

VIII. HISTORY OF POLICY
Revised by the Committee of Interdisciplinary Practices
Reviewed by the Medical Staff Credentials Committee
Approved by the Medical Staff Executive Committee
Governance Advisory Council