Implant workshop Tue 10 May 2022 (40 mins)

Demonstartion 10 minutes

Aim – practical problem solving for subdermal implants

Attendees – trained implant fitters (doctors and nurses) only

Topics to cover

- Review of experience with Nexplanon to date
- Review of insertion technique – peer/facilitator review, to include:
    1. Avoidance of inadvertent deep insertions
    2. Local anaesthesia
    3. Aseptic non-touch technique
- Signposting to e-SRH module
- Signposting to deep implants removal clinic at Unity – Referral procedure
- management of problems – not repeating topics from earlier in the day
- Any questions

PRACTICAL SESSION

Requirements Model arms etc (1 per group). Nexplanon placebos

Insertion technique – demonstrates on model arm or asks member of group if they have any questions

Identify key points – Aseptic non-touch technique, ensure the arm position is correct, LA technique (always draw back before injecting), sit down so you can view insertion from the side, tenting skin, insert to full length of needle. Ask group re problems experienced with insertions share tips/solutions.

Removal technique - demonstrates – POP out.

Frequent mistakes – wrong arm position, incorrect marking, sterile technique poor, wrong incision site, wrong direction of incision, incision not deep enough, tugging before fibrous tissue cleared.

Ask group re problems with removals and share tips/solutions.

CASE DISCUSSION 15 minutes

Implant Case Study 1

A 22 year old attends your clinic. She had an early surgical abortion 6 weeks ago and had an implant fitted at the time of the procedure. She is concerned because she says she cannot feel her implant. How do you proceed?

• Get arm uncovered – look for insertion scars

• Note change in insertion site - may be significantly more anterior/posterior than you would expect.

• Try to palpate implant using your thumb and forefingers

• Check both arms

Non-palpable implant: Consider 3 Differentials

·1. Implant put in too deep

· Refer – to complex implant clinic for USS – OR Xray of humerus

· No studies have looked specifically at contraceptive effectiveness of an IMP that is sited more deeply than subdermally.

· In practice, it is generally considered that a user may rely on a deeply-sited ENG-IMP for contraception for three years

2. Migration

· Implant has migrated

· ? more common at time of TOP due to venous dilation from GA

· ? More common in thin arms – Report of significant local haematoma /excessive bruising at insertion site at time of insertion

· Refer – to complex implant removal clinic – CXR

3. Non-insertion

· To cover possibility of non-insertion – EC for any recent UPSI within 120 hours; – Pregnancy test if any UPSI > 3/52 –

· Ongoing interim contraception until presence of implant verified

· Refer – to complex implant removal clinic – ENG assay –via MSD/ complex implant service Sample couriered via Scotland to Columbia University – must be off contraception for > 2 weeks

Implant case study 2

A patient attended concerned she could feel a 1cm piece of implant retained in her arm. • She had attended for removal 2 years earlier (June 2018) – notes documented “difficult removal but removed complete in the end” • Since removal, periods returned to normal • She was using a fertility app for contraception

On examination – note scar: slightly hypertrophic

hypertrophic • caused by tension on a healing wound • the healing area is rather thicker than usual. • limited to the damaged skin. • do not extend beyond the boundary of the original wound

keloid • a firm, smooth, hard growth • can arise soon after an injury, or develop months later • scar keeps growing, even after the wound has healed • extend well beyond the original wound.

Management referral to complex implant clinic as may need a USS scan to identify the broken retained implant and removal.

This case highlights the importance of measurement after removal and documentation.

Retained implant constitutes a never event.