



THE IMPLANT

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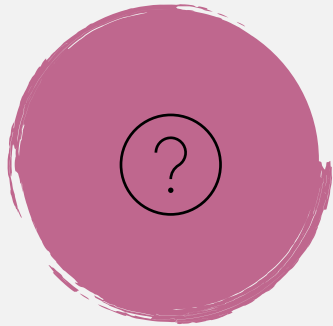
SHE/HER

NOV 25 2021

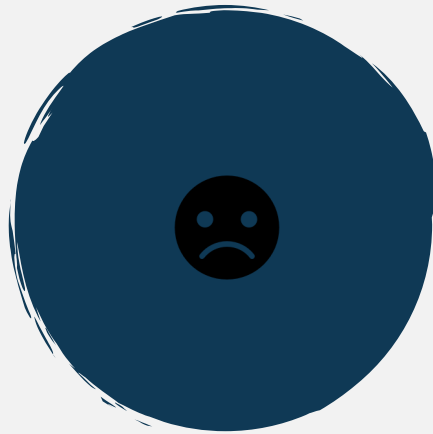


Disclosures

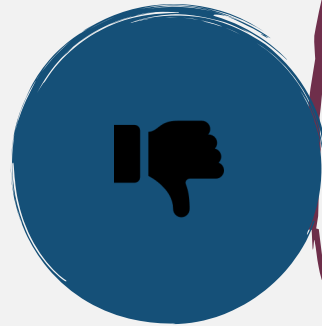
- I am getting paid by Victoria Divisions of Family Practice to give this talk
- No other financial disclosures. I work at the VIWC
- Using guidelines from the SOGC, and some images from the UBC CPD course on the implant insertion



Why the
Implant?



Side Effects



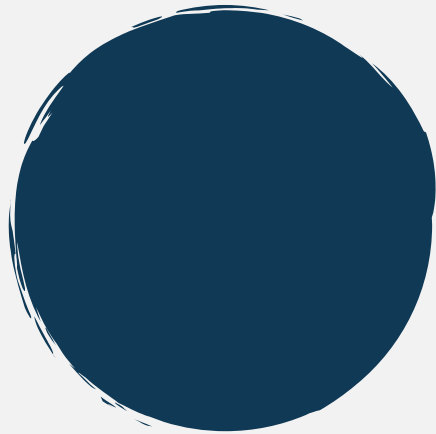
Reasons for
Discontinuation

Objectives

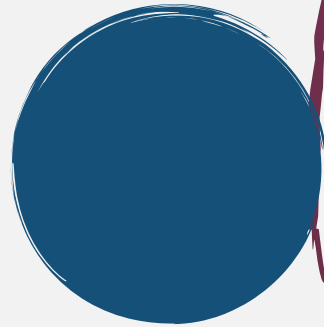
This is not an insertion training course




Convince you
why the implant
is a great LARC
method



Convince you;
you should
recommend
LARCs to most of
your patients



Convince you to
get LARC
training!

A large, dark blue circle with a textured, hand-painted appearance that dominates the right side of the image. It overlaps with the text 'Real World Objectives'.

Real World Objectives

Case: 17 year old ♀

- In a new relationship with 1 cis-male partner
- Would like reliable contraception and doesn't like to take pills every day
- History of sexual assault
- BMI of 32
- History of DVT
- Currently menstruating

Could she get this inserted today?
YES



20x more effective than the pill.

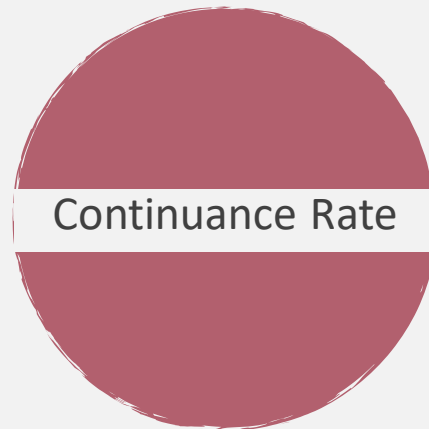
The most effective option in Canada:
0.05/1000



Great for non-binary patients or those with hx of sexual assault



Fewer mood and sexual side effects than estrogen contraceptives.



Same rates of discontinuation as the IUD (~17%)

Why the Implant?

(etonorgestrel)

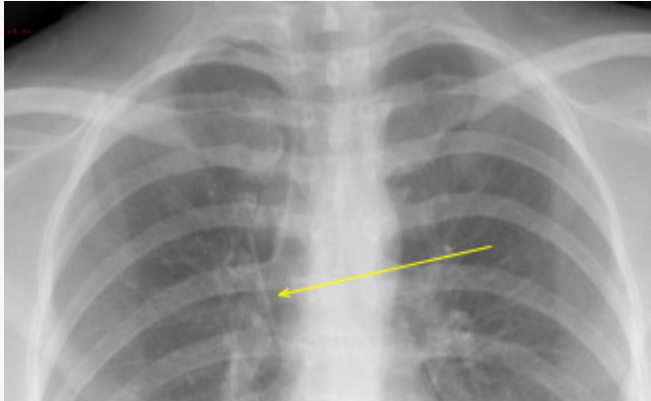
Implant

- MOA is to prevent ovulation
- Implant *may* help with dysmenorrhea, but it isn't one of its indications
- Lasts 3 years

Hormonal IUD

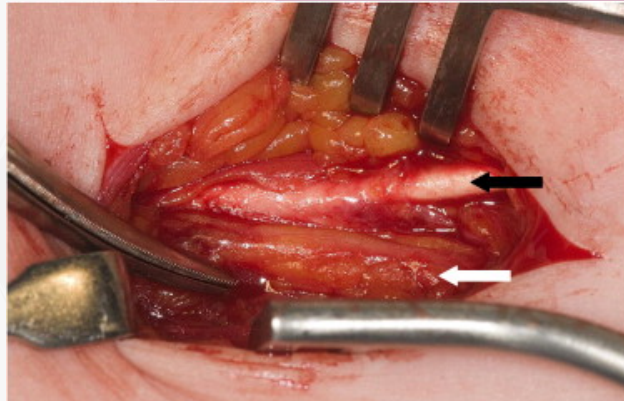
- MOA is to thicken mucus, make environment inhospitable
- Decreases endometrial cancer
- Lasts 5 years
- Mirena indicated for endometriosis, Kyleena *may help
- Potential painful insertion

Why Not:



Migration

One in a million



Removal risks

Nerve palsy

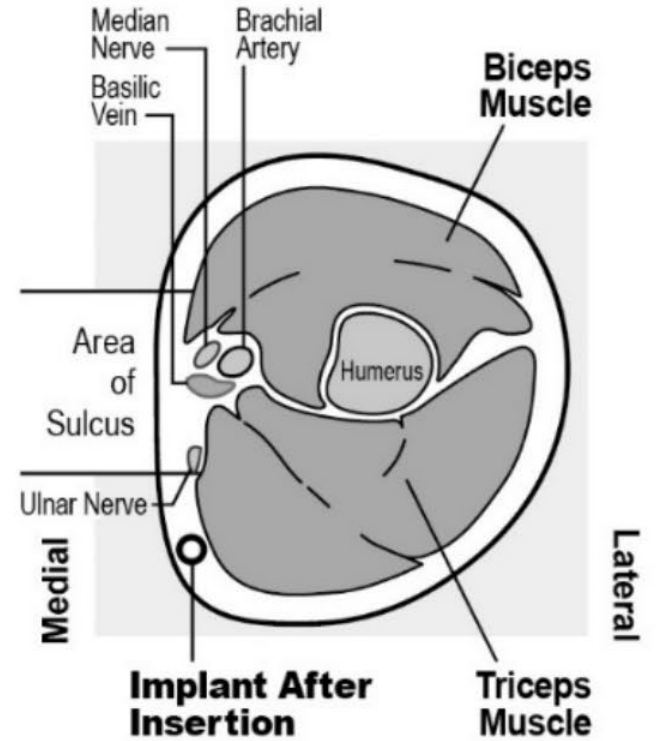
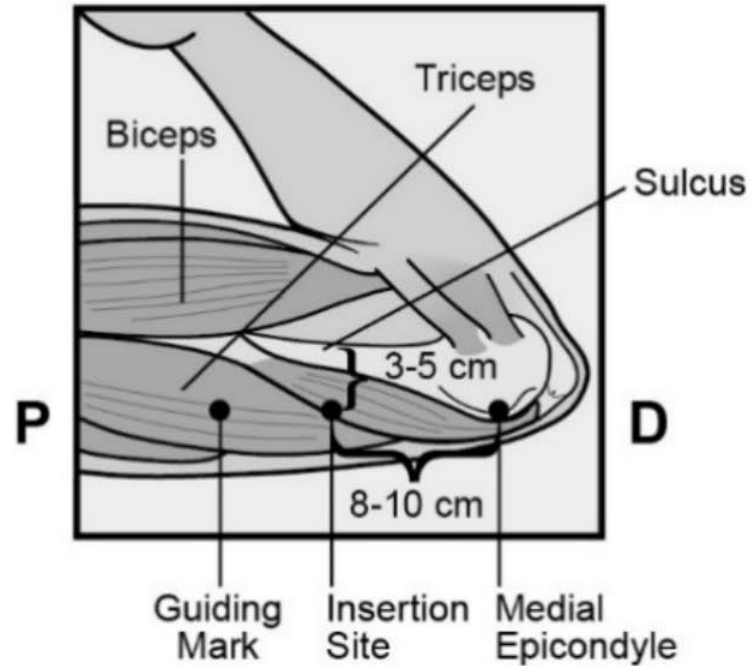
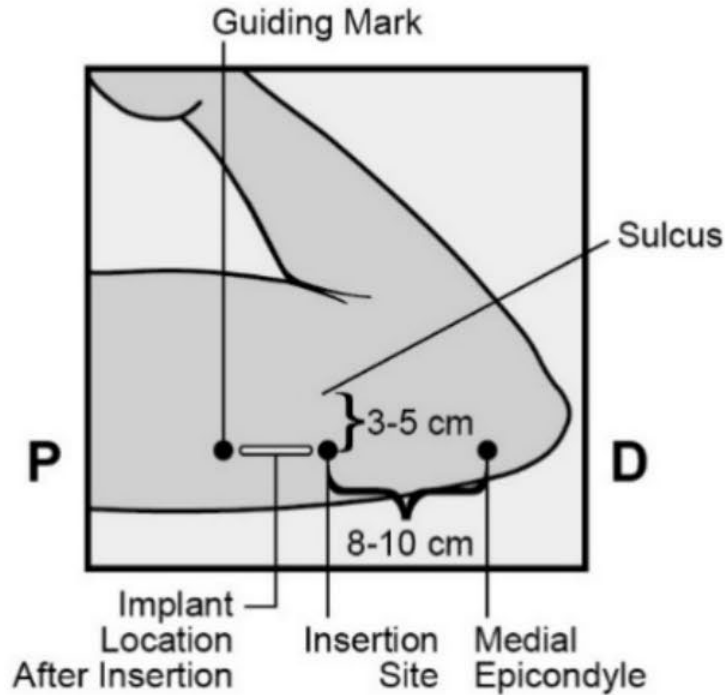


Absolute Contraindications

Liver Disease/cirrhosis

Breast Cancer

Insertion Placement



Cross section of the upper left arm, as viewed from the elbow
Medial (inner side of the arm)
Lateral (outer side of the arm)

Bruising post insertion

Typically gone by 2 weeks



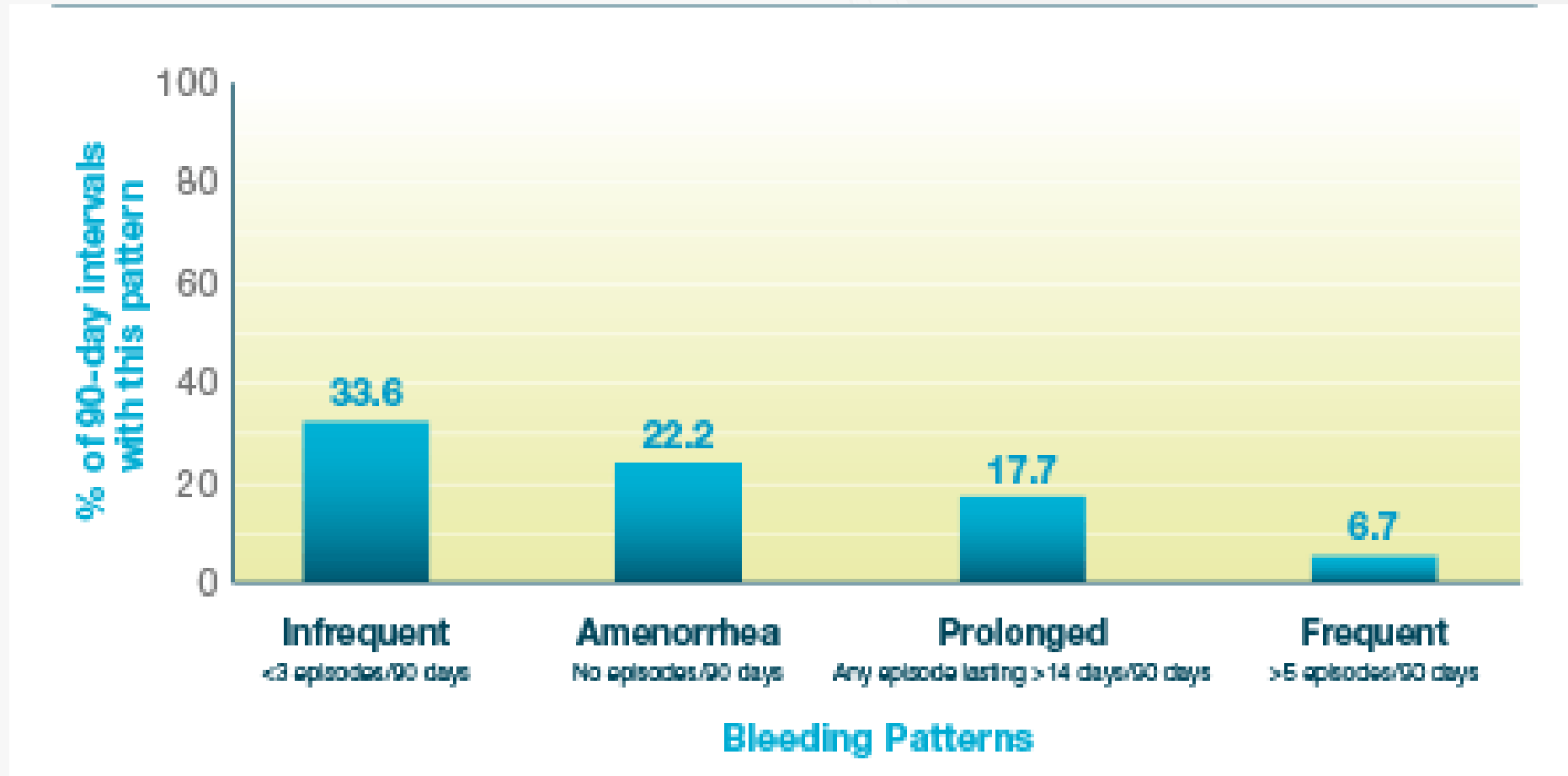
Main reasons for discontinuation

Hormonal Side Effects

- Weight gain, acne, breast tenderness, mood, sexual side effects

Bleeding

Bleeding Pattern over 2 years (excluding first 90 days)



Back to the case:

- Implant has been in for 6 weeks
- Bruising is gone
- Having irregular spotting more often than not

Trouble shooting the bleeding

- Consider waiting it out. By 9 months, the average bleeding is 6 days/month.
 - For those with bleeding concerns, by one year- 50% will have improvement
- Try NSAIDS x 5 days
 - Advil
 - Naproxen
 - Mefenamic acid
- Trial of estrogen OCP
 - 1-3 cycles
 - Use the Marvelous Marvelon, as progestin metabolite is the same. Avoid low-estrogen OCP as this is what stabilizes the endometrium



Establish Training

- 1) UBC CPD: Implants and IUDs
Comparing and Inserting LARCs
- 2) Manufacturer:
<https://www.etonogestrel-implant-training.ca/en>

QUESTIONS



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@AbortionMD 

Bonus Questions:

Can you insert the implant post-partum?

Yes, 3-4 weeks later*



Bonus Questions:

When can it be inserted after an abortion?

Yes, immediately



Bonus Questions:

Does the Nexplanon affect fertility after removal?

No! half life elimination is 25 hours



Bonus Questions:

Does the implant interact
with any meds?

Yes. These meds can either:

- decrease effectiveness (anticonvulsants, barbituates, accutane)
- increase side effects (antifungals)

