

## LARC Implant (Nexplanon) Protocol UNM SBHC- 5/22/15

### STAFFING

- The medical provider must have completed the Merck Nexplanon training, and must be signed off to perform implant insertions prior to beginning implant insertions at their site.
- Although not necessary, it is helpful to have a medical support person (MA/CA) available in the room during the procedure.
- The support person will:
  1. Witness the consent form
  2. Aid the medical provider with the handling of instruments
  3. Support the patient

### Supplies needed for Implant INSERTION

- Implant device
- Chux
- Ruler
- Surgical marking pen
- Lidocaine 1% with or without Epi
- 3cc syringe
- 25 guage 1-1/2 inch needle
- Betadine or Chlorhexadine
- 4x4 sterile guaze
- Bandaid
- Steri strips (1in x 5in)
- Coban

### Supplies needed for Implant REMOVAL

- Betadine or Chlorhexadine
- Chux
- Surgical marking pen
- Lidocaine 1% WITH EPI
- 3cc syringe
- 25 guage 1-1/2 inch needle
- No 15 disposable scalpel
- Mosquito forceps
- Steri strips (1in x 5in)
- Coban

### Preparation

To be done prior to insertion

- Vital signs
- Urine pregnancy test, send urine as needed for STI AMP

### **Quickstart**

If patient has negative pregnancy test and

1. Has been reliably using a contraceptive method, OR
2. Has had no sex since LMP, OR
3. Has had no sex in past 10 days

INSERT THE IMPLANT

If the patient has had unprotected sex in the past 10days, counsel on risk window of pregnancy, but PROCEED with insertion and have patient return in 2 weeks for repeat pregnancy test. The hormones from the implant will not harm the pregnancy.

If the patient has had unprotected sex in the past 5 days, offer/administer ECP, counsel on risk window of pregnancy, but PROCEED with insertion and have patient return in 2 weeks for repeat pregnancy test. The hormones from the implant will not harm the pregnancy.

### **Consent form documentation for Implant**

- Patient must be able to provide consent
- Indicate implant insertion and specify which arm
- Risks: pain, bleeding, infection, scarring, nerve damage, need for another procedure, failure and deep insertion
- Perform “timeout” protocol by verifying the patient’s name and DOB and having them state in their own words the procedure that is being done today.
- Have the witness sign the consent form

### **Procedure**

- The patient is placed in a supine position and the non-dominant arm is marked with a pen at the insertion site 6-8cm above the elbow in the groove between the triceps and biceps.
- The insertion site is cleaned with an antiseptic.
- 2-3cc of lidocaine is placed along insertion tract.
- The progestin implant rod is confirmed to be in the inserter.
- The skin is stretched and the cannula is inserted into the skin at a 20 degree angle. The skin is then lifted and tented and the needle inserted to its full length. The seal of the applicator is broken by pressing the obturator support. The obturator is then turned 90 degrees. The obturator is then fixed while the cannula is retracted.

- Placement is confirmed by palpation by patient and provider.
- A small adhesive bandage is placed over the insertion site and a pressure wrap is applied.

### **Patient visit and documentation**

- Document Insertion in Powerchart, may use following note template:  
(PATIENT NAME, AGE, GRADE) comes in today for contraceptive counseling. She has reviewed her contraceptive options and has chosen the subdermal progestin implant for her contraceptive need. She is within 5 days of her menses or pregnancy has been reliably excluded.  
LMP (date)  
HCG (results)  
Last unprotected sex (date)  
We reviewed the contraindications to this method. She (DOES/DOES NOT) have any of the following: known or suspected pregnancy, thrombotic disease, hepatic tumors or active liver disease. She (DOES/DOES NOT) have undiagnosed abnormal genital bleeding. She (DOES/DOES NOT) have breast cancer.
- The patient has been asked to sign a consent form and it is to be scanned into Powerchart. She understands a common side effect is an irregular bleeding pattern. She understands possible complications of this procedure include infection at the insertion site, placement below the subdermal level requiring a more complicated procedure at removal. She understands risks also include pain, bleeding, scarring, nerve damage, need for another procedure, and failure. She understands benefits include near perfect protection from pregnancy.
- Procedure:  
Time out taken: (time)  
Team member present: (names)  
Patient name, dob confirmed (yes/no)  
Procedure: RIGHT/LEFT arm subdermal contraceptive implant insertion  
Confirmed by patient and provider (YES/NO)  
Position correct for procedure (YES/NO)  
Equipment for procedure available (YES/NO)

The patient was placed in a supine position and the (RIGHT/LEFT) arm was marked with a pen at the insertion site 6-8cm above the medial epicondyle in the groove between the triceps and biceps. The insertion site was cleaned with an antiseptic. (NUMBER) mLs of (anesthetic type) was placed along the insertion tract. The skin was stretched and the wide bore needle on the inserter entered the skin at a 20degree angle. The inserter was lowered along the plane of the skin and then lifted and tented as the needle was inserted to its full length. The device was deployed and removed. Placement of the rod

was confirmed by palpation. A small bandage and a pressure dressing was placed over the insertion site. The patient (DID/DID NOT) tolerate the procedure well.

- Patients are instructed to use condoms for 7 days post insertion and to return for rod removal in three years.
- Review post-implant aftercare instruction sheet for patient
- Fill out Implant card and give to patient
- Offer follow up appointment in 4-6 weeks.

### **Coding**

ICD9 Diagnosis Codes being phased out by October 2015:

- V25.50 Encounter for contraceptive management, insertion of implantable subdermal contraceptive
- V24.43 Encounter for contraceptive management, surveillance of previously prescribed contraceptive methods (checking, reinsertion or removal of contraceptive device), implantable subdermal contraceptive

ICD10 Diagnosis Codes being phased in by October 2015:

- Z30.49 Encounter for surveillance of other contraceptives

Outpatient Procedure Codes

- 11981 Insertion, non-biodegradable drug delivery implant
- 11982 Removal, non-biodegradable drug delivery implant
- 11983 Removal, with reinsertion, non-biodegradable drug delivery implant

Medication Administration Codes

- J7307 Etonogestrel (contraceptive) implant system, including implant and supplies.

Other Common Outpatient Codes

- 11702 Lidocaine
- 81025 Pregnancy test

### **Useful documents and resources and references**

- Implant post-insertion instructional sheet ([www.reproductiveaccess.org](http://www.reproductiveaccess.org))
- Implant post-removal instruction sheet
- UNM SBHC procedure consent form
- Title X Consent form
- Implant handout:
  1. [www.nexplanon-usa.com](http://www.nexplanon-usa.com)

2. Title X Optional Handout: Contraceptive Implant
  3. [www.bedsider.org](http://www.bedsider.org)
  4. [www.neighborcare.org](http://www.neighborcare.org)
  5. [www.safeandeffective.org](http://www.safeandeffective.org)
  6. Progestin Implant [www.reproductiveaccess.org](http://www.reproductiveaccess.org)
- Medical Eligibility Criteria (<http://www.ihs.gov/nptc/documents/CDC-Medical%20Eligibility%20for%20contraceptive%20use%202010-chart.pdf>)
  - Implant Insertion Protocol adapted from: getLARC.org, and Reproductive Health Access Project.