IMPLANON NXT

PROCEDURES

POSITION STATEMENT | 3 SEPTEMBER 2020

Contraceptive implant (Implanon NXT) Procedures

The contraceptive implant (Implanon NXT) is one of the most effective contraceptives available. Along with the hormonal and copper IUDs, it is classified as Long Acting Reversible Contraception (LARC) which are recommended as first-line options for all people choosing to use contraception. SHINE SA wish to alert clinicians to important updated information about Implanon NXT procedures following an update of the product information in January 2020. These changes have been made to avoid the large blood vessels and nerves within and around the sulcus between biceps and triceps and reflect published research. ¹

Videos demonstrating the correct procedure techniques are available online at www.implanonnxtvideos.com.

Although this advice has not changed, we remind you that for implant removals that the incision should be parallel to the implant at the distal end, and not perpendicular.

All clinicians are strongly advised to undergo Implanon NXT training prior to performing procedures. Implanon NXT training is available at SHINE SA.

The key updates:

- Patient positioning: The patient's arm should be flexed at the elbow with the hand underneath the head (or as close as possible).
- Insertion site: 3-5cm posterior to the sulcus between biceps and triceps muscles, 8-10cm proximal to the medial epicondyle, in the nondominant arm. It is recommended to measure and mark the insertion site. If it is not possible to insert the implant 3-5cm from the sulcus (eg. a person with thin arms) it should be inserted as far from the sulcus as practical.
- Replacement (removal and re-insertion)
 site: Position the patient's arm as described
 above. The new implant may be inserted in
 the same arm, and through the same incision
 if the insertion site is in the correct position.
 Otherwise site the new implant as per the
 above insertion site information.
- Removal of non-palpable implants: If the implant cannot be found in the arm after comprehensive local imaging, consider imaging of the chest as rare events of migration to the pulmonary vessels have been reported.

References

¹ Iwanaga, J., Fox, M. C., Rekers, H., Schwartz, L., & Tubbs, R. S. (2019). Neurovascular anatomy of the adult female medial arm in relationship to potential sites for insertion of the etonogestrel contraceptive implant. Contraception, 100(1), 26-30. doi:10.1016/j.contraception.2019.02.007

