NHS
Royal Cornwall Hospitals
NHS Trust

Contraceptive implant

affix patient label

What is a contraceptive implant?

This is a small flexible rod that is placed just under your skin in your upper arm to prevent pregnancy. It releases a progestogen hormone similar to the natural progesterone that women produce in their ovaries.

How effective is an implant?

The implant is over 99 per cent effective. Over three years, less than one woman in every 1,000 who use the implant will get pregnant.

How does an implant work?

- It stops your ovaries releasing an egg every month (ovulation).
- It thickens the mucus from your cervix. This makes it difficult for sperm to move through the cervix and reach an egg.
- It makes the lining of the uterus (womb) thinner so it is less likely to accept a fertilised egg.

What are the advantages?

- It works for three years (but can be taken out sooner).
- It doesn't interrupt sex.
- It can safely be used if you are breastfeeding.
- Your fertility will return to normal as soon as the implant is taken out.
- It may reduce heavy, painful periods.

What are the disadvantages?

- Your periods may change in a way that is not acceptable to you.
- Possible side effects include acne, tender breasts, headache, changes in mood and sex drive or changes in weight.
- It is not suitable for women using enzyme inducing drugs.
- It requires a small procedure to fit and remove it.
- An implant doesn't protect you against sexually acquired infections, so you may need to use condoms as well.

When can I start using an implant?

You can have an implant fitted at any time after your abortion or on the day you start your abortion medication. If the implant is put in during the first five days after your abortion you will be immediately protected against pregnancy. If the implant is put in on any other day you will not be protected against pregnancy for the first seven days after it has been fitted. You will need to use another method of contraception (such as condoms) during this time.

How do I prepare for it?

No preparation is required for the procedure.

How is the implant put in?

The implant, which is the size of a hair grip, is placed just under your skin in the inner area of your upper arm. A trained doctor or nurse will give you a local anaesthetic to numb the part of your arm where the implant will go in, so it won't hurt. It only takes a few minutes to put in and feels similar to having an injection. You won't need any stitches. After it has been fitted the doctor or nurse will check your arm to make sure the implant is in position. You will also be shown how to feel the implant with your fingers, so you can check it is in place. The area may be tender for a day or two and may be bruised and slightly swollen. The doctor or nurse will put a dressing/bandage on it to keep it clean and dry and to help stop the bruising. Keep this on for at least 24 hours and try not to knock the area. Don't worry about knocking the area once the arm has healed. The implant should not break or move around your arm.

How is the implant taken out?

The specially trained doctor or nurse will feel your arm to locate the implant and then give you a local anaesthetic injection where the implant is. They will then make a tiny cut in your skin and gently pull the implant out. The wound will be closed with small fabric sutures (steristrips) and a dressing will be put on the arm to keep it clean and dry and help reduce bruising.

If you want to carry on using an implant the doctor or nurse can put in a new one at the same time.

Please be aware that we sometimes have trainees working alongside the clinic doctor and with adequate training and supervision, they may perform your procedure with your permission.

Are there any risks or complications with implant insertion or removal?

Implant insertion and removal is usually a straightforward procedure but there are risks, including:

Infection: Soon after the implant is put in it can rarely cause an infection in your arm where it has been inserted.

Removal of deep implants: Occasionally an implant is difficult to feel under the skin and it may not be so easy to remove. If this happens you may be referred to a specialist centre to have it removed with the help of an ultrasound scan. Very rarely, there have been reports of deep implants that have caused nerve damage or migrated in blood vessels. If you are unable to feel your implant please seek medical advice.

Allergy: Please tell the doctor or nurse of any allergy you may have to medications or dressings before the procedure.

Nausea/faintness: Occasionally, patients may feel sick or faint during the procedure, so you may wish to bring someone with you.

What can reduce the effectiveness of the implant?

Some medicines may make an implant less effective. These include some of the medications used to treat HIV, epilepsy and tuberculosis, Modafinil and the complementary medicine St John's Wort. These are called enzyme inducing drugs. If you are using these medicines you will be told to use an additional method of contraception such as condoms or you can change your method of contraception. Always tell your doctor or nurse that you are using an implant if you are prescribed any medicines.

The implant is not affected by common antibiotics, vomiting or diarrhoea.

It is important that you have your implant changed at the right time. If it is not, you will not be protected against pregnancy. If you have sex without using an additional method of contraception and don't wish to become pregnant you may want to consider using emergency contraception.

How will it affect my periods?

Your periods will probably change.

- In some women, periods may stop completely (21% of users).
- Some women will have irregular periods or spotting (bleeding in-between periods).
- Some women have periods that last longer and/or are heavier.

These changes may be a nuisance but they are not harmful. If you do have prolonged bleeding then the doctor or nurse may be able to give you some treatment that can help control the bleeding. They may also check that the bleeding is not due to other causes, such as infection.

What if I think that I am pregnant?

The implant is a highly effective form of contraception. If you have not taken any medicine that might make the implant less effective and have the implant changed on time it is very unlikely that you will become pregnant. If you think that you might be pregnant then do a pregnancy test or speak to your doctor as soon as possible. If you do fall pregnant while you are using the implant there is no evidence that it will harm the baby. The implant should be removed if you want to continue with the pregnancy.

How often do I need to see a doctor or nurse?

You only need to go to the clinic if you have problems with your implant, a significant change in your medical history or when it needs to be replaced. If you have any problems, questions or want the implant removed, contact your doctor or nurse.

Useful phone numbers and further information

Brook 0300 3030714

Family Planning Association 0845 122 8690

http://www.fpa.org.uk

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

Patient copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Contraceptive implant

☐ **Fitting** ☐ **Removal**

A small flexible rod placed under your skin in your upper arm to prevent pregnancy.

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

Common:
- *Change in bleeding pattern/periods*
- *Hormone related side effects (acne, headache, breast tenderness, mood changes, weight changes).*

Uncommon:
- *Faintness and nausea during the procedure: consider having someone accompany you to the appointment*
- *Infection at the insertion site.*
- *If the implant is difficult to feel under the skin it may not be so easy to remove, requiring referral for ultrasound guided removal.*

Any extra procedures which may become necessary during the procedure:
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Contraceptive implant CHA3847 which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of the procedure with the doctor beforehand.

Fitting the Implant

I understand that there should be no risk of pregnancy and abstaining from sex since the last period or using a reliable method of contraception is recommended. Sometimes an implant may be fitted when there is a small risk of pregnancy, in this circumstance I must re-attend for a follow up pregnancy test 3 weeks after the procedure.

I have been told that the failure rate associated with this method of contraception is less than 1%.

I have been told the possible risks and side effects associated with the procedure and method including heavier periods or irregular bleeding, acne, headache, weight changes, mood changes, changes in sex drive.
I understand there is a small risk of infection at the site of insertion following the procedure. I understand that there is a very small risk that the implant may be difficult to remove and referral to a specialist centre will be required.

Removal of Implant

I understand that my fertility will return to normal as soon as the implant is taken out and I should start using an alternative method of contraception if I do not wish to become pregnant.

I have been told that if an implant is difficult to feel under the skin and it may not be so easy to remove and referral for ultrasound guided removal may be necessary. Very rarely, there have been reports of deep implants that have caused nerve damage or migrated in blood vessels. I understand that if I am unable to feel my implant I should seek medical advice.

I understand that I should inform the doctor or nurse of any allergies that I suffer.

I have received a copy of the Consent Form and Patient Information leaflet: Contraceptive Implant CHA3847 which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.
Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

File copy

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