



**Patient Management: *Clinician Call Back System***

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content:	Frequently Asked Questions_ Implant

**Overview**

This document details the most frequently asked questions by CHOICE participants regarding the subdermal arm implant and provides an answer guide for staff. In this table, green represents questions which CHOICE receptionists were trained to answer, yellow represents questions which the CHOICE contraceptive counselors and staff nurse were trained to answer (in addition to the green questions), and red represents questions requiring a Clinician Call Back (CCB). The red level represents suggested responses and evidence based on the consensus of CHOICE clinicians. Refer to the [Clinician Call Back System Overview](#) for further information.

KEY: STAFF LEVEL OF KNOWLEDGE & TRAINING	
	Receptionists
	Contraceptive Counselors, Staff Nurse
	Advanced Practitioners

<b><i>How effective is an implant at preventing pregnancy?</i></b>	The implant is more than 99% effective at preventing pregnancy, which is just as effective as getting your tubes tied. However, it is reversible, so if you want to become pregnant you can have it removed and your fertility will return.
<b><i>I just had my implant placed. How long do I need to use a condom for back up protection?</i></b>	You should use a back up method of birth control for a week after getting the implant placed. Remember, the implant will not protect you from sexual transmitted infections, so you can continue to use condoms for protection from infections.
<b><i>How does the implant prevent me from getting pregnant?</i></b>	The implant prevents you from ovulating, or releasing an egg. It also causes your cervical mucus to thicken which makes it difficult for sperm to fertilize an egg.
<b><i>Why am I having all of this irregular bleeding?</i></b>	It can be normal to experience irregular bleeding with the implant. This method releases a small amount of the hormone progesterone that keeps the lining of the uterus thin. Although it may be somewhat annoying, it is not harmful. If the bleeding persists for a long time and is bothersome, discuss this with your clinician. There are some medications that may help.
<b><i>My mom said it is not safe to not have a period. My body needs to clean itself out.</i></b>	It is completely healthy and safe not to have a period when using a birth control method with

	hormones. When the lining of your uterus is thin, there is nothing built up that needs to shed.
<b><i>Does it hurt to have the implant placed?</i></b>	The clinician will inject some numbing medication before she inserts your implant. This is the worst part and can feel like a bee sting. After that, you may feel pressure but not pain.
<b><i>Does it hurt to have the implant removed?</i></b>	Just like with the insertion, the clinician will inject some numbing medication before she removes your implant. She will have to make a very small incision to remove the implant and your arm may feel sore for a couple of days.
<b><i>Will people know I'm using the implant for birth control?</i></b>	The implant is about the size of a matchstick. You should be able to feel the implant under your skin but you usually can't see it. Most likely, no one will know unless you tell them.
<b><i>What if I get the implant and I hate it?</i></b>	If you are concerned the implant may not be the best choice for you, we can discuss other birth control options. However, a lot of times the side effects that you may experience with an implant will go away, so we encourage you to give it at least a few months for your body to adjust. However, you can make an appointment at any time to have it removed.

<b><i>It's been four months and I'm still having periods that last 15 days. Is there anything I can do?</i></b>	When the bleeding starts, try taking 600mg of ibuprofen (Advil or Motrin) three times a day with food for the next 5-7 days. This can help cut down how long the bleeding lasts. It may take 3 days before you notice a decrease in bleeding.
<b><i>What if I get pregnant with my implant?</i></b>	There is a less than 1% chance it could happen. If you think you may be pregnant, or you have a positive urine pregnancy test, we should schedule an appointment for you to see a clinician as soon as possible.
<b><i>What are some of the health benefits to using an implant?</i></b>	Some women using the implant may experience a dramatic decrease in menstrual bleeding. Using an implant can also decrease a woman's risk of endometrial and ovarian cancer.
<b><i>How soon can I get pregnant after having my</i></b>	Your ability to get pregnant can return quickly, so

<b><i>implant removed?</i></b>	use a back up method until you are ready to get pregnant.
<b><i>How long do I keep need to wear these bandages after I have the implant placed?</i></b>	You should wear the outer bandage for 24 hours. The band-aid underneath should stay on until it falls off on its own, which is usually about 3-5 days.

QUESTION	ANSWER	EVIDENCE BASE
<p><b><i>I really like how effective this method is but I'm still bleeding. Is there anything I can do?</i></b></p>	<p><i>[One therapy for irregular bleeding is not necessarily superior to another. A clinician must take into account the individual health history when recommending one treatment versus another, ie, contraindications to estrogen, history of gastric bypass, etc.]</i></p> <p>Common regimens are:  <b>Over the Counter:</b></p> <ul style="list-style-type: none"> <li>• Ibuprofen 600mg tablet tid x 5-7 days</li> <li>• Naproxen sodium 220mg tablet 2 tablets bid x 5-7 days</li> </ul> <p><b>Prescription:</b></p> <ul style="list-style-type: none"> <li>• Naproxen 500mg tablet 1 po bid x 5-7 days</li> <li>• Estrogen supplementation:</li> <li>• Conjugated estrogen 1.25mg 1 tablet po daily for 7-14 days</li> <li>• Micronized estradiol 2mg tablet po daily for 7-14 days</li> <li>• Transdermal estrogen patch 0.1mg for 7-14 days</li> <li>• Mefenamic acid 500mg tablet bid for 5-7 days</li> <li>• Tranexamic acid 500mg tablet bid for 5-7 days</li> <li>• Doxycycline 100mg tablet one po bid for 7 days</li> </ul> <p><i>[Once you prescribe the patient with a therapy, tell her: ]</i></p> <p>This will help stop the bleeding, however, there is no proven method to keep the bleeding from returning. It may stay away permanently, several</p>	<p>It is not completely understood why progesterone only methods cause unscheduled bleeding. With the POPs, injection and implant, the inhibition of ovarian function results in a hypoestrogenic state, which inhibits endometrial proliferation and renders the endometrium less receptive to implantation. With the hormonal IUD, unscheduled bleeding is thought to be due to a relatively thick endometrium transitioning to a relatively thin endometrium. Then, the endometrium develops a dense network of small, thin-walled, dilated, superficial veins and capillaries, which are fragile and prone to focal bleeding. Irregular bleeding is an uncommon side effect with the copper IUD and usually does not occur after the first three months of use. NSAIDs and Doxycycline act as a prostaglandin synthetase inhibitor. Estrogen use can stabilize the uterine lining.<sup>1</sup></p>

	months or return at the completion of the medication.	
<b><i>I weigh over 200 pounds and I heard I can't use the implant for contraception.</i></b>	A recent study shows that there is no decrease in effectiveness of the implant for overweight or obese women. It is a great option for any woman looking for very effective, reversible contraception.	After initial clinical trials, it was unclear if the subdermal arm implant maintained its effectiveness with women overweight and obese women. Women more than 130 percent of their ideal body weight (BMI greater than 30 kg/m <sup>2</sup> ) were excluded from initial trials of safety and efficacy. However, CHOICE researchers analyzed data for over 1,100 women and found that there was no connection between weight and effectiveness for the arm implant. <sup>2</sup>
<b><i>I think my implant moved.</i></b>	It is rare for this to occur. If it is painful, we can schedule you to come in for an appointment so we can take a look.	Implants may migrate slightly within the subdermal tissue after insertion, but deep migration has not been documented. Ulnar nerve damage has been reported during insertion or removal but overall, complications with insertion and removal are less than 1% <sup>3</sup>
<b><i>My arm hurts where it was inserted.</i></b>	Try a cool compress for 20 minutes on and 20 minutes off for 2-3 cycles. Take 800 mg ibuprofen or 440 mg naproxen sodium to help with the pain. If it is severe, we can schedule you to come in for an appointment.	Most women do not experience pain after insertion, but if it occurs, aspirin, acetaminophen, or nonsteroidal anti-inflammatory agents usually provide relief. During clinical trials, 5.2% reported pain at the insertion site. <sup>4</sup>
<b><i>My implant broke in my arm.</i></b>	The implant is very flexible, so it is rare that this would occur. If you think it has broken, you need to come in for an appointment.	<i>[The CHOICE Project had 1 participant who called in stating it had broken. Patient admits to herself</i>

		<i>and others “playing with it and trying to bend it”]</i>
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<sup>1</sup> Hatcher, RA, Trussell, J, Nelson, AL, Cates, Jr. W, Kowal, D, Policar, MS. Contraceptive Technology, (20<sup>th</sup> ed.). New York City (NY): Ardent Media, Inc.; 2011

<sup>2</sup> Contraceptive failure rates of etonogestrel subdermal implants in overweight and obese women

*Xu H, Wade JA, Peipert JF, Zhao Q, Madden T, Secura GM. Obstet Gynecol. 2012 Jul; 120(1): 21-6. Epub 2012 Jun 6*

<sup>3</sup> Hatcher, RA, Trussell, J, Nelson, AL, Cates, Jr. W, Kowal, D, Policar, MS. Contraceptive Technology, (20<sup>th</sup> ed.). New York City (NY): Ardent Media, Inc.; 2011

<sup>4</sup> Schering-Plough Corporation. Implanon®Package Insert. Kenilworth, NJ: Schering-Plough Corporation: 2009