



Advanced Practitioner Resources: *Troubleshooting LARC*

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content:	Helpful Hints: LARC Insertions & Removals

Overview

This document contains helpful clinical techniques to ensure successful method insertions and removals. Always follow the manufacturer's recommendations when initiating or discontinuing a LARC method.

Implant Insertion

- Make sure a 2 to 3 minute time-out is taken after anesthetic administration prior to insertion to maximize effectiveness of anesthetic and to decrease pain experienced.

Implant Removal

- Use a skin marker to mark edges of implant and verify 4cm measurement to help ensure proper localization.
- Always make the incision for a removal parallel to the implant instead of perpendicular. That way, if the incision needs to be extended in order to locate the device, it will be done in such a way that it should not require a second incision to be made.
- Make sure a 2 to 3 minute time-out is taken after anesthetic administration prior to insertion to maximize effectiveness of anesthetic and to decrease pain experienced.
- If you cannot grasp the tip but rather higher on the body of the implant, use your sterile straight forcep to clamp the device next to the curved. By alternating the positions of the forceps, you can "walk" the device back to expose the tip. Then proceed with the removal as directed by the manufacturer.

IUD Insertion

- If the uterus is grossly anteverted, try to drop or angle your hand towards the floor to assist in advancing the sound or IUD inserter through the internal os and into the uterine cavity. While this is being done, it may be helpful to use the non-dominant hand to gently retract the tenaculum to assist in straightening the endocervical canal.
- Os finders and disposable plastic uterine sounds can be helpful instruments with insertion.
- Music can be a soothing deterrent for the patient

IUD Removal

- If strings are not visible, a cytobrush can be helpful. An alligator forcep is a great tool to help locate strings in the endocervix. Ultrasound guidance should be used if there is a need to advance into the uterine cavity.