Primary Care Women's Health Forum

10 Tips for Safe Practice with Nexplanon Insertions

These tips are designed to reduce the chance of non-insertion, deep insertion, nerve injury and intravascular insertion.

1- Get appropriate training and keep up to date. A current FSRH LoC is the gold standard. Recognised by the MDU and increasingly demanded by commissioners.

2- Be as certain as you can that a pregnancy isn't already established or conception is about to occur before insertion.

3- Insertion site. Keep away from the sulcus. Be very careful at removal if the implant is sited in the sulcus.

4- Local anaesthetic. Use a small volume only so as not to obscure palpation of the implant. Many experts have switched to using LA at the site of insertion only and not laying down a track. This avoids any local swelling being mistaken for the implant itself on palpation.

5- Tent the skin. Tenting is needed with Nexplanon as it was with Implanon. The Nexplanon applicator doesn't reliably set the depth. Observe the path of the needle throughout the procedure.

6- Palpate carefully after insertion. It is not sufficient to just touch the implant; make it bow between two digits or push down on one end to raise the other.

7- Think the unthinkable if a woman who underwent an insertion procedure has symptoms suggestive of pregnancy.

8- Don't assume an impalpable implant is a deep implant. It could be a case of non-insertion or intravascular insertion.

9- Only attempt removal if you are sure you can do so using the pop-out technique – you shouldn't need to use forceps. If you were taught to do forceps removal, then get trained in the pop-out technique. Know when to stop when doing a removal. Don't keep going just because you think you may be able to get an implant out. Beware of injury to vital structures in the arm. Abandon the procedure if there is any neurological disturbance.

10- If in doubt refer to a local expert remover; if a complex case or there is no local expert remover, refer direct to interventional radiologist or upper limb surgeon ideally using a local pathway.