Primary Care Women's Health Forum

e-update

Issue 40: July and August 2016

News

Primary Care Women's Health Forum

Implants in the lung and other serious outcomes: How to avoid them

Here we give you the story behind the recent alert about intravascular insertion of contraceptive implants and migration to the pulmonary artery and Dr Sam Rowlands gives us his 10 top tips for safe implant practice.

Sam is currently lead clinician for Bournemouth contraception and sexual health services, immediate past chair of the FSRH Clinical Effectiveness Committee and was a GP for 17 years. As one of our most experienced fitter/removers and an expert witness he has been involved in a large number of legal cases. Until recently most of these involved non-insertion (leading to unintended pregnancies), deep insertion or nerve damage mostly caused at removal. When he became aware of two instances of implants having been located in the lung he trawled the literature, had reporting schemes searched and discovered at least five other cases which we were previously unaware of. Three of these had been published in a journal primary care professionals would be unlikely to see (Annals of Thoracic Surgery). He alerted the MHRA who instructed the manufacturer to alter their SPC, included a feature in a Drug Safety Update and issued a 'Dear Healthcare Professional' letter. The thrust of these changed recommendations is to avoid inserting Nexplanon into the sulcus between biceps and triceps so keeping away from vital structures (one artery, one vein and three nerves). Using the sulcus as the site is a pre-2008 recommendation but it is the way many clinicians have been taught in the past. The FSRH has also published a statement highlighting the issue and recommending that the implant should be inserted anterior to the sulcus over the biceps. This is based on expert opinion and experience from the UK and around the world but contrary to the SPC, which has a diagram showing fitting posterior to the sulcus over the triceps. The FSRH General Training Committee is currently considering amendments to its Letter of Competence (LoC) training to take account of some of these issues.

Top Ten Tips for Safe Practice

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.

Workshop

Come to Sam's session in subdermal implant techniques at the PCWHF conference in Solihull on Wednesday 23rd November 2016

http://www.events4healthcare.com/pcwhf/

Our new HRT Mythbusters

PCWHF HRT Myth Buster
Here is our new HRT Myths Uncovered document, highlighting common myths around Hormone Replacement Therapy (HRT) and what the science really says. It has been created by Anne Connolly, Paula Briggs and Sarah Gray of PCWHF and, funded and supported by Meda Pharmaceuticals

View here.

HPV

This month we saw the announcement from Department of Health about HPV testing as the triage for cervical screening. There will be no changes to the 'smear taking' when this rolls out initially but the information we will be required to provide our women will be different.

Further information can be found here.

Data from the US shows that the incidence of cancers associated with HPV infection are on the increase. The distribution of these HPV related cancers sites include:

- Oropharyngeal - 44%
- Cervical - 33%
- Anal - 13%
- Vulva - 10%

HPV infection is more frequently the cause of oropharyngeal now than smoking, with more than 70% being attributable to HPV. The majority of cases are caused by 16 and 18 strains but 12% are caused by HPV types 31, 33, 45, 52 and 58, all of which are covered by the newer nonovalent HPV vaccine

The latest UK STI published data, which is attached here, demonstrates a reduction in genital warts of 7% between 2014 and 2015. This has occurred since the introduction of the quadrivalent vaccine, Gardasil, to the immunization programme and the reduction is seen in men and women aged less than 25.

Anne Connolly

Chair of the PCWHF

Meetings & Events

Primary Care Women's Health Forum Conference 2016

Primary Care
Women's Health Forum

Women's Health - What's New in 2016

The Primary Care Women's Health Forum's 8th annual conference will be held on **Wednesday 23rd November 2016** at the **St. John's Solihull**. Once again the sessions are relevant for the work done in primary care and our speakers will challenge us to provide care fit for purpose for our female patients.

Since launching this year's conference we are pleased to say we have received an overwhelming response. The conference provides an exceptional networking and learning opportunity for those with an interest in female health. Click here to book now to avoid disappointment.

There is also a further opportunity for you to enter the **Best Practice Award** and share your work.

In addition, delegates will be eligible to gain up to **6 hours of reflective learning**.



More Information | **Book Now**

PCWHF Women's Health Webinars

Primary Care Women's Health Forum

The Primary Care Women's Health Forum will be holding a series of webinars on Women's health matters, sponsored by MEDA Pharmaceuticals.
The Webinars will cover a range of topics, including the UKMEC, Managing the Menopause and PCOS.

MEDA Pharmaceuticals has had no involvement in the design or content of the webinars.

These webinars will offer 1 hour's worth of CPD points and will be hosted by the PCWHF's own expert members. To register or for more information, please follow the links below.

Previous webinars such as the very popular UKMEC are available to view here.

MEDA

Elleste™ estradiol +/- norethisterone

More Information | **Book Now**

Useful Papers & Guidelines

Recent Guidelines

RCOG Hyperemesis

The RCOG has recently published their guideline on hyperemesis. This is very useful for us in Primary Care.

View here.

RCOG Pregnancy and Epilepsy

The RCOG has also published their guideline on pregnancy and epilepsy.

Available here.

Recent Papers

NICE Desk Easel

Based on NICE suspected cancer recognition and referral guidance; www.nice.org.uk/guidance/ng12 , the cancer research UK have developed an easy to reference resource to help remind clinicians about the recommendations for fast track referrals. This can be downloaded onto your desk-top for easy access attached here.

Clinical Knowledge Summary on Menopause

An updated paper following the NICE menopause guidance can be found here.

Teenage Pregnancy

The Lancet recently published a detailed article on the changes in conception in young women and their circumstances in England between 2000 to 2012, which is available to read here.

Urological Disease

International consultation on urological diseases, Incontinence 2013. A free download on management of incontinence written by international experts, can be read here.

Infection Report

Public Health England have released the advance access report on the rate of infections of HIV and other STIs, covering the year 2015. You can access the report here.

Parental Smoking and Asthma

BMC Public Health have released information regarding the link between parental smoking and children having asthma. The article is available here.

Maternal Health Video

The RCOG have developed a fantastic short video clip to use and to share with colleagues on maternal health and risk reduction. This reminds us of the risk factors for women during pregnancy and the factors that should influence management. View here.

This has also been developed into a free access educational resource on e-learning for health here.

Tips

Tips sent in by our members

The Counselling Directory

The 'Counselling Directory is a confidential service that encourages those in distress to seek help. The directory contains information on many different types of distress, as well as articles, news, and events. To ensure the professionalism of our website, all counsellors have qualifications and insurance cover or proof of membership with a professional body.'

http://www.counselling-directory.org.uk

Case from Dr Kay Kennis, GPSI in headache

A 26 year old lady attends your clinic wishing to commence combined hormonal contraception. She has a BMI of 25, BP 120/70, has never smoked and has no personal or family history of thrombosis. She does suffer with migraine, about 3 episodes each year. She never has any aura before her migraine. When the headache starts she gets throbbing right sided pains associated with numbness over the right face, and into her arm. She vomits. Her headaches generally last for 24 hours. She is otherwise completely fit and well and takes no regular medication.

Would you prescribe CHC?

The UKMEC advises us not to prescribe combined hormonal contraception if a patient has aura, or has ever had aura (UK MEC4). This patient does not have any aura in advance of her migraine, but she does have focal neurological symptoms associated with her headache (numbness in the right arm and face). This is thought to have exactly the same stroke risk as having focal neurological symptoms in advance of the migraine. Any focal neurological symptoms before, during or after a migraine should preclude use of combined hormonal contraception.

Diagnosing aura can be difficult, and the resources released with the updated UK MEC can help us. If there is doubt as to whether aura is present it is usually best to cautiously avoid combined hormonal contraception. It is important to remember that any focal neurological symptoms associated with migraine should stop us using combined hormonal contraception for contraceptive purposes, even if they occur after the headache starts.

Patient information

Useful Leaflets

Pregnancy Sickness Patient Information

The RCOG have also updated the information they have provided for pregnant women on what they can do to help with the pregnancy sickness. The new information is available here.

Please visit our **website**, where new members can also **join the Forum for free.**