FAMILY PLANNING ALLIANCE AUSTRALIA

Placement of Implanon NXT at alternative sites

Implanon NXT is a single-rod progestogen-only contraceptive implant. The implant is licensed for use for a duration of three years, after which it needs to be removed, and a new rod inserted if required.

The Product Information advises that the implant ideally should be inserted subdermally 3-5cm posterior to the sulcus between biceps and triceps muscles, 8-10cm proximal to the medial epicondyle in the non-dominant arm, however it can safely be inserted at the same site in the dominant arm, upon patient choice or practitioner recommendation. Ensure the location of the implant is documented. Training programs for implant insertion and removal also reflect this advice. This site allows for easy access during insertion and removal, poses minimal risk of neurovascular injury if correct procedures are followed, and allows for easy recognition of the device as a result of consistent placement by health professionals across the globe. Clinical trials of the product, including those investigating safety, efficacy, its side-effect profile and acceptability have been performed in individuals in whom the implant is placed as described.

Family Planning Organisations are occasionally asked about whether Implanon NXT can be inserted at a site other than the non-dominant upper inner arm. A comprehensive literature search has failed to find any evidence to support alternative site placement of the implant. The risks of alternative placement include a potential for deep placement and difficult removal, implant migration, implant breakage and the risk of injury to surrounding neurovascular structures. Expert opinion lends cautious support to placement at an alternative site in the rare case where the benefits may outweigh any potential risks. An understanding of local anatomy at the proposed placement site is imperative before insertion and removal. While a differential effect on contraceptive efficacy, side-effects and risks is unlikely, there is no guarantee that efficacy will be the same as for standard placement. The patient must be made aware that the placement is ‘off label’ with thorough documentation to this effect.

Note: The Medical Advisory Committee of Family Planning Alliance Australia is comprised of senior medical educators, senior medical officers, and medical directors of the member family planning organisations. The Clinical Reference Group of the Medical Advisory Committee exists as a means to review current clinical practice and provide evidence and consensus-based recommendations for use by clinicians where clinical guidance is lacking.