

Family Practice Name
Policy and Procedures

Procedure: **Progestin Implant Insertion**

Policy: It is the policy of the **Family Practice Name** to provide Progestin Implant Contraception

1. Nursing triage: A urine sample is obtained for a pregnancy test, and the medical assistant or nurse completes the test. The test and the control results are documented in the chart. Vital signs are obtained by the medical assistant and noted in the chart.

2. Counseling and patient selection: The provider will counsel the patient on the available contraceptive options. Patients should be either be within 5 days of her menses, or pregnancy should be reliably excluded.

The follow are contraindications to Progestin Implant insertion .

- known or suspected pregnancy
- thrombotic disease
- hepatic tumors or active liver disease
- undiagnosed abnormal genital bleeding
- breast cancer.

Patients on medications such as barbituates, griseofulvin, rifampin, phenytoin, carbamazepine, felbamate, topiramate and modafinil along with other drugs that induce hepatic enzymes, will be counseled that these drugs may lower the efficacy of the implant. St. John's Wort may also have this effect.

3. Consent: The patient has will sign a consent form; it is to be scanned into the Electronic Health Record. Counseling on side effects will include the expected irregular bleeding pattern. Possible complications of this procedure include infection at the insertion site. Placement below the subdermal level requires a more complicated procedure at removal.

4. Procedure:

The patient is place in a supine position and the nondominant arm is marked with a pen at the insertion site 6-8 cm above the elbow in the groove between the triceps and biceps. The insertion site is cleaned with an antiseptic. 2 cc of lidocaine is place along the insertion canal. The progestin implant rod is confirmed to be in the progestin implant inserter. The skin is stretched and the cannula is inserted into the skin at a 20 degree angle. The skin is then lifted and tented and the needle inserted to its full length. The seal of the applicator is broken by pressing the obturator support. The obturator is then turned

90 degrees. The obturator is then fixed while the cannula is retracted. Placement is confirmed by palpation. A small adhesive bandage is placed over the insertion site. Patients are instructed to use condoms for 7 days post insertion and to return for rod removal in three years.