Progestin Implant Removal Note

(PATIENT NAME) requests removal of their Etonogestrel rod implant **(Implanon/Nexplanon).** They would like it removed because of: **(ABNORMAL BLEEDING/DESIRES PREGNANCY/ DUE FOR REMOVAL/SIDE AFFECTS/OTHER)**. The implant **(WAS/WAS NOT)** placed at **(CLINIC NAME)**.

An informed consent was signed prior to removal and will be scanned into the Electronic Health Record. Risks of the procedure include: bleeding, infection, scarring, and nerve damage. There may be bruising at the site of incision and down the arm.

Procedure Note:

Time out taken: **(TIME)**
Team: **(NAMES)**
(PATIENT NAME) (PATIENT DOB) confirmed **(YES/NO)**
Procedure: Progestin Implant Removal
Procedure confirmed by *patient* and *team* **(YES/NO)**
Side: **(RIGHT/LEFT)**
Position correct for procedure **(YES/NO)**
Equipment for procedure available **(YES/NO)**

The patient took the supine position. Aseptic conditions were maintained. The rod was located by palpation. The area was cleaned with antiseptic. **(NUMBER)** cc of 1% lidocaine with epinephrine was injected just underneath the end of the implant closest to the elbow. After firmly pressing down on the end of the implant closer to the axilla a 2-3 mm incision was made with a scalpel. The rod was pushed to the incision site and grasped with a mosquito forceps and gently removed. Blunt dissection **(WAS/WAS NOT)** needed. The patient **(DID/DID NOT)** tolerate the procedure well. The 4 cm rod was removed in its entirety. The incision was dressed with small steri-strips and a pressure dressing was applied.

An alternate plan for contraception was discussed, if needed. The patient would like to use **(CONTRACEPTIVE METHOD)** for their contraception. An after-visit summary was printed with information about this method.

(PROVIDER NAME AND TITLE)