



Hormonal Implant Removal

DEFINITION	This protocol covers the removal of the hormonal implant. It should be removed after it has been in for 3 years.
SUBJECTIVE	Should include: 1. LMP 2. Medical, sexual, and contraceptive history update, as appropriate 3. Determine reason for removal 4. No allergies to antiseptics or local anesthesia used for removal 5. Reproductive life plan
OBJECTIVE	Must include: 1. Palpable implant rod May include: 1. Physical examination, if indicated
LABORATORY	No specific lab requirement
ASSESSMENT	Client who desires implant removal
PLAN	1. Document in the chart the reason she requests removal of implant. 2. Discuss and document the risks associated with the removal ((infection, bleeding, or inability to remove the rod at this time and follow-up plan, as indicated. 3. Remove implant per manufacturer’s instructions. 4. New implant may be placed the same day if desired. Ensure proper anatomical site and positioning prior to reinserting in same location (see manufacturer’s instructions).
CLIENT EDUCATION	1. Contraceptive education specific to desires of patient’s reproductive life plan. (Refer to chosen method protocol.) 2. Review safer sex education, as appropriate. 3. Recommend client RTC for annual exam and PRN for problems.
CONSULT/ REFER TO PHYSICIAN	1. Any client with an allergic reaction to local anesthetic. 2. Any client with difficult implant removal.

References:

1. rr6504.pdf (cdc.gov) (SPR)
2. Insertion Time for NEXPLANON® (etonogestrel implant) 68 mg (organonconnect.com)
3. Hatcher RA, Nelson A, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Marrasso J, Kowel D, eds. Contraceptive Technology. 21 edition. New York, NY: Ayer Company Publishers, Inc., 2018. Pp.143-148.
4. https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf