

Basic Skills Qualification Nexplanon (etonogestrel implant) Insertion

Evaluation Process:

Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Describe the appropriate timing for placement		
Identify contraindications and common side effects		
Explain to patient the indication(s) for Nexplanon and the placement		
Obtains written consent and performs appropriate time out		
Demonstrate all steps necessary in placing Nexplanon		
Successfully places FSE		

Faculty: _____

Date: _____

Description: The Nexplanon (etonogestrel implant) is a single-rod progestin contraceptive placed subdermally in the inner upper arm for long-acting (three years) reversible contraception in women.

Prerequisites:

- Successful completion of Nexplanon training course

Indications:

- Long term reversible contraception

Contraindications:

Standard contraindications to use of hormonal contraceptives are:

1. Known or suspected pregnancy
2. Current or past history of thrombosis or thromboembolic disorders
3. Hepatic tumor or active liver disease
4. Undiagnosed abnormal genital bleeding
5. Known or suspected breast cancer or history of breast cancer
6. Hypersensitivity to any component of the method

Materials:

1. Sterile drape, sterile gloves, antiseptic solution, and sterile marker (optional)
2. Local anesthesia
3. Sterile, preloaded Nexplanon inserter
4. Pressure bandage (Kerlex)

Preprocedure Education:

1. Explain indication for Nexplanon to patient
2. Explain procedure to patient

3. Obtain written consent
4. Perform appropriate time out with nursing staff

Procedure:

1. The implant can be inserted at any time as long as the clinician is reasonably certain that the patient is not pregnant. An appropriately timed pregnancy test (at least two weeks after the last episode of sex) can be obtained if the absence of pregnancy is uncertain.
2. Have the woman lying on her back on the examining table with her non-dominant arm flexed at the elbow and externally rotated so that the wrist is parallel to her ear or the hand is position next to her head. This allows full exposure of the insertion site at the crease between the biceps and triceps muscles.
3. Identified the insertion site, which is at the inner side of the non-dominant upper arm about 8-10 cm above the medial epicondyle of the humerus.
4. Optional: Make two marks with a sterile marker- First, mark the spot where the Nexplanon will be inserted and second, mark a spot a few centimeters proximal to the first to serve as a guide during insertion.
5. Cleaning the insertion site with an antiseptic solution and apply sterile gloves.
6. Anesthetize the insertion area by injecting 2 mL of 1% lidocaine under the skin along the planned insertion tunnel.
7. Removed the sterile pre-loaded Nexplanon applicator from its package.
8. Hold the applicator just above the needle at the texture surface area. Remove the transparent protection cap by sliding it horizontally in the direction of the arrow away from the needle.
9. With your freehand, stretch the skin around the insertion site with the thumb and index finger.
10. Puncture the skin with the tip of the needle angled about 30°.
11. Lower than Nexplanon applicator to a horizontal position. While lifting the skin with the tip of the needle, slide the needle to its full length. You may feel slight resistance but did not exert excessive force.
12. Keep the applicator in the same position with the needle inserted to its full length. Unlock the purple slider by pushing it slightly down. Move the slider fully back until it stopped. The purple tip of the obturator should be visible in the inserter upon removal.
13. Always verify the presence of the Nexplanon in the woman's arm immediately after insertion by palpation. You should be able to palpate both ends of the Nexplanon and confirm the presence of the 4 cm rod.
14. Place a small adhesive bandage over the insertion site. Request that the woman palpate the implant.
15. Apply a pressure bandage with sterile gauze to minimize bruising. This may be removed in 24 hours.
16. Provide the patient with the User Card that accompanies the Nexplanon.
17. Abstinence or back-up contraception is suggested for the first 7 days after insertion if the implant is inserted >5 days since the beginning of the patient's last menstrual period.

Complications:

Complications are rare, reported in 0.3 to 1 percent of insertions. Potential complications include infection, hematoma formation, local irritation or rash, expulsion, and allergic reactions. The implant may migrate a short distance (less than 2 cm) over time.