CASE REPORT

Self removal of Implanon®: a case report

Kulsum Jaffer, Sue Whalen

Case report

A 25-year-old woman, para 1 + 0, attended a local family planning clinic requesting long-term contraception.

She had an emergency lower segment Caesarean section in February 2001 for pre-eclampsia and fetal distress and delivered a live female infant. There was no other relevant medical history. Her cycles were regular (4/28 days). She and her partner used condoms for contraception.

Different long-term contraceptive methods were discussed and the patient opted for Implanon®. She was fully counselled regarding Implanon, its side effects, duration of use and insertion and removal procedure.

Implanon was inserted in the left upper arm under local anaesthesia on the first day of her period. She was advised to attend for follow up in 6 weeks' time, which she failed to do.

The patient was then seen 6 months later, when she said that she had removed the Implanon herself about 4 weeks ago (i.e. 5 months after insertion) as she was having mood swings, prolonged periods lasting for 10 days and felt bloated and depressed. She had also gained weight. At the time of insertion her weight was 11 st 6 lb and when she was seen again (after removal of the Implanon) she weighed 11 st 10 lb. The patient said that at one point she weighed in excess of 12 st while on the Implanon. She said that she could not cope with these side effects and therefore telephoned the clinic for an appointment and was given a routine appointment in 4 weeks' time, as she did not request an urgent consultation. Had she done so an appointment would have been given within 7 days. Consequently, the patient decided to remove the implant herself rather than bear the side effects for another 4 weeks. She did not consult her general practitioner.

She had remembered the removal procedure, which was explained to her during the counselling session. She took a disposable razor and made a skin incision just below the lower end of the Implanon. She then tried to 'milk out' the implant and realised that the original incision was further away so made a second one above the first one. At this point the lower end of the Implanon popped out and she removed it easily. She informed me that there was not much bleeding and she covered the incisions with a dressing. She felt sick and unwell the following day but did not seek any medical advice.

On examination, the two incisions were found to have healed.

Since removal of the implant, the patient said she felt much better. The mood swings and prolonged bleeding had settled and she had lost weight. She had reverted to using condoms.

Although the delay in appointment was unfortunate, the initial counselling had left the patient with enough information to attempt this 'do-it-yourself' venture. She had no nursing or medical training at the time of removal.

Discussion

Implanon is a progestogen-only method of contraception releasing 68 mg etonogestrel from an ethinyl vinyl acetate matrix via a rate-limiting membrane. The implant is a single rod injected subdermally in the inner aspect of the upper non-dominant arm from a preloaded inserter. Effective contraception is provided for up to 3 years (Pearl index 0.07).[1] The implant should be easily palpable after insertion.

Side effects of Implanon include headache, breast tenderness and sometimes weight gain but the most common reasons for the removal of the implants prior to 3 years of use are bleeding problems (34%) and mood swings (24%). Continuation rates in typical use have been shown to be 84–88% at 6 months and 67–78% at 12 months.[2]

A detailed discussion of the possible side effects of Implanon is an important part of preinsertion counselling, as is dialogue about the procedure for removal of the implant.

Removal is achieved via a 4–5 mm incision at the distal end of the implant, which is then digitally 'milked' from the arm or grasped with mosquito forceps if any surrounding fibrosis has occurred. This procedure is carried out under a local anaesthetic. Difficulties in removal are rarely encountered if the implant is palpable prior to attempting its removal. Most removal failures or complications arise if the initial insertion of the implant is too deep. Infection is an uncommon occurrence although the possibility is always discussed.

The present case confirms the poor tolerance of irregular vaginal bleeding in some women despite counselling prior to the insertion of the implant. It also shows that the removal of an implant inserted in the appropriate position should not be a complex procedure. The main concern in this case is the lack of aseptic technique; however, at clinic attendance there were no signs of infection and the skin incisions had healed well.

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Heart of Birmingham Teaching Primary Care Trust, Sexual Health Service, St Patrick's Centre, Birmingham, UK
Kulsum Jaffer, FRCOG, MFFP, *Consultant in Reproductive and Sexual Health*
Sue Whalen, MRCOG, DFFP, *Specialist Registrar in Reproductive and Sexual Health*

Correspondence to: Dr Kulsum Jaffer, Heart of Birmingham Teaching Primary Care Trust, Sexual Health Service, St Patrick's Centre, Frank Street, Highgate, Birmingham B12 0YA, UK

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References

1 Guillebaud J. *Contraception: Your Questions Answered* (3rd edn). Edinburgh, UK: Churchill Livingstone, 1999.
2 Smith A, Reuter S. An assessment of the use of Implanon® in three community services. *J Fam Plann Reprod Health Care* 2002; **28**: 193–196.