

Early implant removal: an ethical dilemma

A 29-year-old woman recently presented to our service, having attempted to remove her contraceptive implant (Implanon®). She had a knife wound on her arm near the distal end of the implant and the surrounding skin was inflamed. The patient told us that she had had the implant fitted at the time she underwent termination of pregnancy 6 months ago. Since then she had suffered irregular bleeding, headaches and acne on her face. She had attended several local sexual health clinics asking for the implant to be removed but had been encouraged to continue with the device in the expectation that her side effects would settle. Some clinicians had justified this approach because of the expense of the device.

On further questioning the patient admitted that her brother was a paramedic; she had borrowed his instruments in desperation and attempted to remove the implant herself. On palpation the implant appeared to be broken. The implant was removed through an incision at the opposite end of the device to that used by the patient as we did not want to open a potentially infected area. The implant was removed in one piece and it was found to be bent in three places. Steri-Strips™ and a pressure bandage were applied. The patient was started on a new method of contraception.

It is alarming that women are so frustrated by their implants that they are attempting to remove them themselves. We would be interested to know if other Journal readers have seen similar cases. This is an ethical issue. Implants are expensive and are expected to be used long term. Early

removal has cost implications for the National Health Service; however, refusal to remove an implant may result in self-harm.

Sarwat Bari, MFSRH, DipGUM

Specialty Doctor, Sexual and Reproductive Health, Guys and St Thomas' Hospitals NHS Foundation Trust, Artesian Health Centre, London, UK; sarwat.bari@southwarkpct.nhs.uk

Uma Kulkarni, MFSRH, DGO

Specialty Doctor, Sexual and Reproductive Health, Guys and St Thomas' Hospitals NHS Foundation Trust, Artesian Health Centre, London, UK; uma.kulkarni@southwarkpct.nhs.uk

Gillian Robinson, MD, FFSRH

Associate Specialist, Sexual and Reproductive Health, Guys and St Thomas' Hospitals NHS Foundation Trust, Artesian Health Centre, London, UK; gillian.robinson@southwarkpct.nhs.uk

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