UK provision for removal of non-palpable contraceptive implants

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Introduction

Over the last 2 years this Journal has seen a flurry of papers and resulting correspondence related to 'deep' Implanon® insertion.[1–7] More than 3 million women use etonogestrel contraceptive implants worldwide and 180 000 implants are fitted in the UK each year, with these numbers escalating as I write. From post-marketing data the reported rate of complex removal problems is low, running at about 1 per 1000 insertions. However, for a woman suffering nuisance side effects or wanting to become pregnant, this situation is frustrating and, for some, completely intolerable.

What improvements have been achieved to date in contraceptive implant provision? A number of meetings have been held with worldwide contraceptive implant 'experts'. Discussions have focused on the anatomical site for fitting contraceptive implants, the complications associated with insertion, and techniques for removal of deep and often 'non-palpable' implants. Dissemination of these discussions has taken place[5,6] and the manufacturing company agreed to alter the insertion site instructions, bringing them more in line with the levonorgestrel multi-rod implants, Norplant® and Jadelle®. The Summary of Product Characteristics (SPC) for Implanon now reads:[8] *"To minimise risk of neural or vascular damage, Implanon should be inserted at the inner side of the non-dominant upper arm about 8–10 cm above the medial epicondyle of the humerus"*.

It is surprising that some senior clinicians have misinterpreted this information and have either thought Implanon should be inserted on the under surface of the arm or over the triceps. There has also been concern that some health care professionals are no longer fitting Implanon as they are confused about these new instructions. Very little has changed. The insertion site can now be moved out of the sulcus between the biceps and triceps ("Tiger Country" for 'deep implant removers')[9] and many choose to insert it subdermally over the biceps on the anterior side of the non-dominant arm.[10] Those who wish to insert Implanon in the sulcus may continue to do so as the SPC advice does not contraindicate this.

Specialist centres for implant removal

Whose responsibility is it to provide a regional referral service for the removal of deep, 'non-palpable' contraceptive implants? With the publication of the National Institute for Health and Clinical Effectiveness guideline covering long-acting reversible contraceptives (LARCs)[11] and the roll-out of local LARC initiatives countrywide encouraging increasing use of contraceptive implants, Strategic Health Authorities (SHAs), Health Boards and health care commissioners must support and release funding to establish regional services for location and removal of deep contraceptive implants. The onus should not be placed at the doors of the pharmaceutical industry to manage a clinical complication resulting from incorrect insertion.

A number of UK regional referral sites have been established to locate and remove deep, impalpable contraceptive implants (Table 1). These centres all have an ultrasound machine to localise implants, and have some experience of removing deeply placed implants. For those interested in providing this service there have been some important lessons learnt by many of the 'expert' removers.

First, a business plan should be submitted to those holding the purse strings and a service level agreement with additional funding agreed. This is particularly important for women who are referred from neighbouring SHA regions. It is also important that all the 'expert' centres now develop appropriate pathways to deal with those deeply placed implants that they cannot remove.

Second, it must be remembered that most 'deep' implants result from poor insertion technique by health care professionals. Women referred to 'specialist' centres are frequently unhappy with their care and may have waited significant lengths of time to be seen. If possible the location and removal should take place on the same day, especially if women have travelled long distances. Ideally there need to be two trained health care professionals who can remove 'deep' implants in the service to cover annual, study and sick leave. Careful documentation of all referred cases is essential as occasionally these are subject of a complaint or litigation. The health care professional who inserted the non-palpable implant should be informed and, if there are repeated events, the lead clinician within the primary care organisation or hospital should be contacted to ensure that no further implants are inserted by this person until supervised retraining has taken place. Women with non-palpable implants are an 'adverse event' and should be reported via the local risk management process and anonymously to Organon Laboratories, part of the Schering-Plough Corporation.

To maintain surgical skills the health care professional should remove at least 12 'deep' implants each year (one a month). Consequently there is little point setting up a service – with significant upfront costs for surgical and ultrasound equipment – if few women will be seen.

Conclusions

Organon Laboratories have been most responsible in supporting contraceptive implant theoretical and practical training. They have also supported the development of the referral centres through education and training. It is now time for the company to allow the National Health Service to realise its responsibilities. In England the Department of Health has allocated £26.8 million of additional money to local primary care organisations and SHAs to improve access to contraception.[12] Those holding that money should use it wisely and appropriately, making sure that their population has quality contraceptive provision including referral pathways for 'expert' help. Unfortunately, at the time of writing this article, this primary care organisation allocation is still a 'well-kept

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Table 1 Referral sites in the UK for removal of deep/non-palpable contraceptive implants[2]

Name of contact	Address
Dr Gillian Flett	13 Golden Square, Aberdeen AB10 1RH
Dr Kate Weaver	18 Dean Terrace, Edinburgh EH4 1NL
Dr Audrey Brown	Sandyford Initiative, 2–6 Sandyford Place, Glasgow G3 7NB
Dr Diana Mansour	Graingerville Clinic, Newcastle General Hospital, Westgate Road, Newcastle upon Tyne NE4 6BE
Dr Sandra McDermott	Brae Clinic, Waterside Health and Social Care Centre, 127–147 Spencer Road, Londonderry BT47 6AQ
Dr Kate Guthrie	Conifer House, 32–36 Prospect Street, Hull HU3 8PX
Dr Babatunde Gbolade	St James University Hospital, Beckett Street, Leeds LS9 7TF
Dr Steve Chadwick	Windhill Green Medical Practice, 2 Thackley Old Road, Shipley BD18 1QB
Dr Nathan Acladious	Department of Sexual Health, Royal Bolton Hospital, Minerva Road, Farnworth, Bolton BL4 0JR
Dr Suzanne Kirkwood	Gynaecology Department, Countess of Chester Hospital, The Countess of Chester Health Park, Chester CH2 1UL
Dr Stephen Searle	Saltergate Health Centre, Chesterfield S40 1SX
Dr Emeka Oloto	Clinical, Training and Administrative Headquarters, St Peters Health Centre, Sparkenhoe Street, Leicester LE2 0TA
Dr Kulsum Jaffer	St Patrick's Centre for Community Health, Frank Street, Highgate, Birmingham B12 0YA
Dr Mike Newman	Kettering General Hospital, Rothwell Road, Kettering NN16 8UZ
Dr Jo Hoddinott	Sexual Health Clinic, Pond Street, Carmarthen SA31 1RT
Dr Terry McCarthy	Llanyrafon House, Llanfrechfa Grange Hospital, Cwmbran, Torfaen NP44 8YN
Dr Sharon Bodard	Central Hill Clinic, Tower Hill, Bristol BS2 0JD
Dr Lynsey Dunkley	The Quay to Health, The Quays Swimming and Diving Complex, 27 Harbour Parade, Southampton SO15 1BA
Dr Liz Tanner	26 Old Dover Road, Canterbury, Kent CT1 3JH
Dr Tina Peers	Department of Contraception and Sexual Health, Maple House, Canada Avenue, Redhill RH1 5RH
Dr Liz Azzopardi	Garden Clinic, 140 Windsor Road, Slough SL1 2JB
Dr Jane Dickson	Market Street Health Centre, Market Street, Woolwich SE18 6QF
Dr Katherine Creamer	Streatham Hill Sexual Health Centre, 41a–c Streatham Hill, London SW2 4TP
Dr Kate Paterson	Raymede Clinic, St Charles Hospital, Exmoor Street, Kensington, London W10 6DZ
Dr Chris Wilkinson	Margaret Pyke Centre, 73 Charlotte Street, London W1T 4PL
Dr May Erskine	Homerton University Hospital NHS Foundation Trust, Homerton Row, London E9 6SR

The referral centres have been informed that patients will be referred by letter, and indeed this is their preferred method of communication. The list of referral centres is subject to change, and therefore doctors should contact Organon Laboratories for details of their nearest centre.

secret'; thus few clinicians or service managers have been able to submit business plans, resulting in regrettable delays to service development. This situation needs to be addressed, and as soon as possible.

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Competing interests None identified.

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