Hydrodissection in the removal of deeply located etonogestrel implants

The paper by Pillai¹ on the use of hydrodissection in the removal of deep-seated implants is interesting. The risks of deep placement of Nexplanon are clear in this paper. Additionally such placement may contribute to migration of the device as was highlighted by the Medicines and Healthcare products Regulatory Agency.² Hydrodissection is a recognised technique in surgery to define tissue planes, to separate anatomical structures and thereby facilitate safe surgery.

My interest in this paper is related to the not uncommon problem of error in deploying the implant in the subdermal plane. As the manufacturer of Nexplanon recommends,³ the device is deployed in the tunnel created by the injection of local anaesthetic. This hydrodissection opens the subdermal area and pushes the deeper neurovascular structures away from where the implant would be deposited. This is similar to the technique described and used by Pillai¹ in separating the implant from adjacent neurovascular structures.

While some operators would not see the need for this recommended method, I commend it in the interests of safety.

Kenneth Menon

General Practice, The Ongar Health Centre, Ongar
CM5 0AL, Essex, UK; kenmenon@aol.com

Correspondence to Dr Kenneth Menon,
The Ongar Health Centre, Ongar CM5
0AL, UK; kenmenon@aol.com

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