Appendix 3: Suggested standard Nexplanon removal procedure (palpable implants with ‘pop-up’ sign only)

**NOTE THAT THIS IS BASED ON THE OPINION AND EXPERIENCE OF THE GUIDELINE DEVELOPMENT GROUP AND IS INTENDED AS A GUIDE ONLY.**

► **NEXPLANON SHOULD ONLY BE REMOVED BY A HEALTHCARE PRACTITIONER WHO HAS UNDERTAKEN APPROPRIATE TRAINING IN THE PROCEDURE AND MAINTAINED UP-TO-DATE SKILLS.**

► **Resuscitation equipment**
  ► Ensure that resuscitation equipment is available as required by local protocol. There is a small risk of collapse due to vasovagal reaction or anaphylaxis.\(^{218}\)
Progestogen-only Implant

► **Identify the implant by palpation**
  ► Palpate the full length of the implant if possible.
  ► Ensure that the distal end pops up to the skin surface when gentle pressure is applied at the proximal end.
  ► If the implant is impalpable, difficult to feel or likely to be difficult to remove, do not attempt removal and refer to a specialist service.

► **Positioning the patient**
  ► Lie the patient flat on their back.
  ► Place the arm in the appropriate position. This will vary according to implant site. For removals at the new recommended site:
    ► Abduct the arm to 90°
    ► Bend the arm at the elbow
    ► Put the patient’s hand under their head.

  An alternative position may be used if this enables better access to the removal site.

► **Anaesthetise the removal site**
  Lidocaine 1% may be used with or without adrenaline 1:200 000 (adrenaline may reduce bleeding). Aspirate prior to injection to avoid accidental intravenous administration.
  ► Identify the distal end of the implant and push up to the skin surface by gently pressing on the proximal end.
  ► Clean the skin at the removal site using chlorhexidine and alcohol or similar, according to local policy. The GDG is unable to comment as to whether wipes or solution should be used.
  ► Inject a maximum total of 0.5–1 ml lidocaine 1% into the skin overlying the distal end of the implant (some clinicians inject some of this subdermally just under the distal tip).

► **Removal equipment**
  ► Lay sterile removal equipment on a sterile field.
  ► Put on sterile gloves.
  ► **From this point onwards, aseptic technique is required.**

► **Removal procedure**
  Note that the removal attempt should be stopped if there is any indication of nerve pain.
  ► Clean the area around the removal site again with chlorhexidine and alcohol or similar, according to local policy. The GDG is unable to comment as to whether wipes or solution should be used.
  ► Ensure adequate visualisation.
  ► Pop up distal end of implant to skin surface using gentle pressure at the proximal end.
  ► Using a scalpel make a small (2 mm) longitudinal incision directly over the distal tip of the implant, at the site where the local anaesthetic was injected.
  ► Push the implant gently from the proximal end using the index finger of the non-removing hand to direct the distal end towards the incision site (‘pop-out’ technique). Push until the tip is visible at the incision.
  ► If the implant is encapsulated, make a small, gentle cut across the tissue sheath over the end of the visible implant so that the implant can be pushed out of the sheath.
  ► Grasp the implant with gloved fingers and remove.
  ► If the implant cannot be grasped, forceps can be used to gently grasp the implant. Only use forceps if the implant is visible at the incision site.
Progestogen-only Implant

FSRH

► Ensure that the complete implant has been removed (4 cm). Consider measuring the removed implant to confirm.

► Post-removal
  ► Apply pressure until haemostasis is achieved.
  ► Apply paper sutures to oppose skin edges.
  ► Apply sterile pressure dressing for 48 hours (some clinicians also apply a sterile adhesive dressing under the pressure dressing).
  ► Advise the patient about infection, bruising and wound care.