

Implanon™ Contraceptive System

What is Implanon™?

IMPLANON™ is a contraceptive method that provides pregnancy prevention for up to three years. It is a soft, flexible rod (4 cm x 2 mm - about the size of a matchstick) that contains synthetic progestin*, and is inserted by a healthcare provider under the skin of a woman's non-dominant upper arm.

How effective is it?

The effectiveness of Implanon™ is 99%. A woman's chance of becoming pregnant with a properly inserted IMPLANON™ system is very low (less than one pregnancy per 100 women who use Implanon™ for one year). Because this method is extremely user-friendly (no need to remember to take a pill everyday) theoretical effectiveness will closely match actual effectiveness. It is not known if Implanon™ is effective for use in women who are very overweight, because scientific studies to test the effectiveness of this method did not include many very overweight women. Implanon™ has been used in other countries since 1998.

How does it work?

Implanon™ is inserted by a healthcare provider (at MHC, several physicians are trained in insertion), and releases progestin over the course of three years to prevent pregnancy. Progestin works to prevent pregnancy by inhibiting ovulation, thickening cervical mucous and thinning the lining of the uterus. Implanon™ does not contain estrogen, and may be used by women who are nursing.

What are the side effects and risks of using Implanon™?

Implanon™, like all other medications, has many potential side effects. Each woman's response to the medication will differ, depending on her own body chemistry. It is impossible to predict who will or will not experience a certain effect. Most side effects go away within the first few months of use. If unpleasant side effects persist, however, you can talk with your healthcare provider about having the Implanon™ rod removed. After removal of Implanon™, any side effects experienced will go away.

Possible side effects include:

Menstrual Changes - This is the most common side effect experienced. The amount of bleeding may vary from irregular or unpredictable spotting and light bleeding to no bleeding at all. The time in between periods may also vary. Talk with your healthcare provider if bleeding is very heavy or prolonged. In studies, about one in ten women stopped used IMPLANON™ because of bleeding problems.

Other side effects that may occur include: increased headaches; inflammation of the vagina; weight gain; acne (although acne may improve), breast pain; viral infections such as colds, sore throats sinus infections or flu-like symptoms; stomach pain, painful periods, mood swings, nervousness, or depression; back pain; nausea; dizziness; pain and/or scarring at the site of insertion, change in sex drive, change in appetite, headache, ovarian cysts, and hair loss. If you experience any of these side effects or others that you think may be related to IMPLANON™, you should contact your health care clinician.

What about the ability to become pregnant at a later time?

Once your healthcare provider removes Implanon™, your ability to become pregnant may return quickly. After removal, the medication is cleared from the body within one week. If you do not want to get pregnant after Implanon™ is removed, you should use an alternate form of birth control immediately.

What are the benefits of Implanon™?

- Provides safe, long acting, highly effective contraception without requiring a woman to think about her birth control method on a daily basis or at the time of intercourse.
- Offers convenience and privacy.
- Does not contain estrogen; estrogen is the other hormone found in combination birth control and there are women who, for medical reasons, cannot take medications containing estrogen; clinical trial data shows no adverse effect on blood clotting.
- Is reversible.

- Estrogen free contraceptive methods such as IMPLANON™, have not been found to adversely affect breast milk, and therefore, may be used by women who are breast feeding. Consult with your healthcare provider about when you may start IMPLANON™ after delivery.

NOTE: IMPLANON™ does not provide any protection against sexually transmitted diseases (STD's), including gonorrhea, chlamydia, genital herpes, genital warts, syphilis, hepatitis, and HIV. Women are urged to use condoms consistently to decrease risk of STD transmission.

What is the cost?

Currently McKinley Health Center is not offering Implanon™. However, several physicians at McKinley are trained in insertion and removal of the device, if a student needs their Implanon™ rod removed. Locally, Women's Health Practice offers Implanon™ or, you may consult a private physician to find out if they offer Implanon™. The price varies, and can range from \$700-\$1,400. Those interested in Implanon™ should call Women's Health Practice at 217-356-3736 for current pricing, availability and information.

Are there women who should not use Implanon™?

Each woman should be evaluated individually. Determining factors include past medical history, family history and findings of a physical exam. A woman should not use IMPLANON™ if she:

- Is pregnant or thinks she might be pregnant.
- Has or has had serious blood clots, such as blood clots in the legs, lungs, eyes, heart (heart attack) or head (stroke).
- Has unexplained vaginal bleeding
- Has liver disease
- Has or has had breast cancer
- Is allergic to anything in Implanon™
- Cannot tolerate irregular bleeding or loss of her period

Discuss with your healthcare provider if you have experienced any of the above conditions. They will be able to advise you about your contraceptive options.

It is also important to tell your health care clinician if you smoke or have a history of other health problems such as:

- Headaches
- Depression
- High cholesterol or triglycerides
- Seizures or epilepsy
- Gallbladder or kidney disease
- Diabetes
- High blood pressure
- Kidney or liver disease
- Allergic reactions to anesthetics or antiseptics. These medicines will be used when IMPLANON™ is inserted into your arm.
- Family history of serious blood clots

Are there other risks involved with using Implanon™?

There are some risks involved with using IMPLANON™.

Complications with insertion or removal: It is important that your healthcare provider be properly trained to insert and remove IMPLANON™. Proper insertion reduces complications. Rarely, IMPLANON™ is not inserted due to a failed insertion or because it fell out of the needle during the insertion procedure. After insertion, both you and your healthcare provider should be able to feel the IMPLANON™ rod underneath the skin of your upper arm. The implant is not visible on X-ray or CT, only on MRI.

Rarely, removal of IMPLANON™ is difficult because IMPLANON™ is not where it should be. However, because IMPLANON™ is a single rod implant, it is much easier and faster to insert and remove than previous multiple-rod contraceptive method (Norplant™). This has reduced insertion and removal complications.

Interactions with other Medications: Certain medications may make IMPLANON™ less effective. If you are taking prescription or over the counter medications or herbal remedies, be sure to discuss this with your healthcare provider, as you may need to use a backup form of birth control.

Other risks: ovarian cysts, blood clots, high blood pressure, gallbladder problems, rare cancerous or non-cancerous liver tumors. It is not known whether IMPLANON™ changes a woman's risk for breast cancer.

How do I start using Implanon™?

You must have a current physical exam and will need to meet with a health care clinician for screening and instruction. The best time for insertion is during the first five days of your period, or within the first five days after childbirth (unless you are breast-feeding) or termination of pregnancy. Talk with your clinician about scheduling the first insertion if you are currently using a prescribed method of birth control (birth control pills, or IUD). If you are currently nursing, talk with your healthcare provider about when you may be able to have IMPLANON™ inserted. If IMPLANON™ is inserted with the first five days of a normal menstrual period or following childbirth, no back-up method of birth control is needed. If inserted at other times, you should use an additional method of birth control such as condoms, for seven days after insertion.

Warning signs

Call your healthcare provider immediately if you experience:

- pain in the arm, or increasing redness or pain, bleeding, or pus at the insertion site
- a migraine or other severe headache
- a new lump in the breast
- severe abdominal pain
- unusually heavy or prolonged vaginal bleeding

* The implant contains 68 mg of etonorgestrel and releases approximately 40 mcg/day.

References

Affandi B. An integrated analysis of vaginal bleeding patterns in clinical trials of Implanon™. *Contraception* 1998; 58(suppl):S99-S107.

Croxatto HB, Makarainen L. The pharmacodynamics and efficacy of Implanon™: an overview of the data. *Contraception* 1998; 58(suppl):S91-S97.

Levine, J. Insertion and Removal of the Single-rod Contraceptive Implant. *The Female Patient* 2006 (suppl).

Planned Parenthood Web site, search for Implanon™

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: <http://www.mckinley.uiuc.edu>