Implanon NXT® Insertion and Removal Training Course for Registered Nurses & Midwives

Course Guide
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LEARNING OUTCOMES

By completing this course you should be able to satisfactorily:

1. Identify the importance of Long Acting Reversible Contraceptives (LARC) in pregnancy prevention
2. Recognise contraindications and suitability for Implanon NXT® insertion
3. Explain clinical information about Implanon NXT®
4. Explain the insertion and removal procedures for Implanon NXT®
5. Recognise the procedure and risks for Quick Start initiation of Implanon NXT®
6. Recognise the contraindications for local anaesthetic
7. Explain the clinical application and demonstrate the procedure for local anaesthetic administration
8. Identify referral pathways, emergency protocols and scope of practice pertaining to Implanon NXT® procedures and local anaesthetic use
9. Demonstrate competent Implanon NXT® insertion and removal

COURSE STRUCTURE

Implanon NXT® Insertion and Removal Training Course for Registered Nurses & Midwives is a competency based program designed to develop your skills in Implanon NXT® procedures. This course combines online learning and assessment, simulated practice, supervised clinical training and competency assessment.
WORKPLACE SCOPE OF PRACTICE

It is recommended that:

- A medical officer be onsite for all registered nurse/midwife Implanon NXT® insertion and removal procedures to provide assistance. Please refer to your employer’s policy and procedures for direction.
- When performing Implanon NXT® procedures, lignocaine hydrochloride and lignocaine hydrochloride with adrenaline should be done in strict adherence to your employer’s policy and procedures. Example standing orders are found in the appendix.
- Quick Start initiation should be used with caution and always under specific direction from the prescribing/supervising doctor.
ASSESSMENT INFORMATION

• **Who can assess?** – A clinician who has completed and gained certification previously in Implanon NXT® insertion and removal procedures is able to assess a trainee for competence.

• **All assessors** will need to provide a copy of their Implanon NXT® certificate (issued by MSD).

• **Nurse and midwife assessors** will also need to provide a copy of their FPNSW/FPV Implanon NXT® insertion and removal course certificate of competency. Alternatively a certificate of equivalent competency may be considered, but must be submitted prior to the assessment.

• **The assessor** should be in current practice and will need to provide their AHPRA number and certify that they have performed at least 3 successful Implanon NXT insertions and/or removal procedures in the last 12 months.

• **Assessors** should familiarise themselves with the competency checklists in this course guide prior to any assessment.

• **How to assess** - For this competency assessment insertion and removal should be performed with all elements competent to gain assessor signature. Each insertion and removal (or reinsertion) may be assessed by a different assessor.

• **The final assessment** document should be completed by the final assessor following documentation of 2 competent insertions and 2 competent removals.

• **A reinsertion**, performed with all elements competent, should be considered to be a removal AND insertion, and the assessor should initial in each element for both one removal and one insertion.

• **When to assess?** – Assessment can be attended at the completion of the theory modules, theory assessment and the simulated practice session. Supervised practice on clients before assessment is not mandated but is strongly recommended for those unfamiliar with procedural practice in Implanon NXT® insertion and removal.
Dear Assessor

Thank you for agreeing to act as an assessor. You have been chosen as you have the experience and qualifications in insertion and removal of Implanon based on the evidence requested in this training package.

Your task:

You are asked to observe the candidate’s competency to insert and remove Implanon by completing the checklist that begins on the next page.

- Before you start: Please read through the Assessment Information (page 6)
- Provide a copy of your relevant Implanon certification
- Complete and sign the declaration on the following page
- Discuss any queries about this process with the candidate. If they cannot answer your questions, they will put you in contact with the Course Manager who will be happy to help.
Assessor documentation required to be submitted:
This must be completed for all assessors. It is the responsibility of the training nurse/midwife to ascertain that the assessor meets the requirements of this course prior to assessment occurring. Space for 4 assessors is provided, but only fill out as many as required (minimum 1, maximum 4).

ASSESSOR 1:
Name:
Qualification:
AHPRA number:
☐ Implanon NXT® certificate (MSD) attached

For nurse and midwife assessors only:
☐ FPV/FPNSW Implanon NXT® course competency certificate attached

OR
☐ equivalent documentation of competency (which must be approved by FPV/FPNSW prior to assessment)

Assessor declaration:
☐ I am in current practice
☐ I have performed at least 3 successful Implanon NXT® insertion and/or removal procedures in the last 12 months

Assessor signature:_____________________________________________________

ASSESSOR 2:
Name:
Qualification:
AHPRA number:

☐ Implanon NXT® certificate (MSD) attached

For nurse and midwife assessors only:
☐ FPV/FPNSW Implanon NXT® course competency certificate attached

OR
☐ equivalent documentation of competency (which must be approved by FPV/FPNSW prior to assessment)

Assessor declaration:
☐ I am in current practice
☐ I have performed at least 3 successful Implanon NXT® insertion and/or removal procedures in the last 12 months

Assessor signature:_____________________________________________________
ASSESSOR 3:
Name:
Qualification:
AHPRA number:
☐ Implanon NXT® certificate (MSD) attached
For nurse and midwife assessors only:
☐ FPV/FPNSW Implanon NXT® course competency certificate attached
   OR
☐ equivalent documentation of competency (which must be approved by FPV/FPNSW prior to assessment)
Assessor declaration:
☐ I am in current practice
☐ I have performed at least 3 successful Implanon NXT® insertion and/or removal procedures in the last 12 months
Assessor signature:_____________________________________________________

ASSESSOR 4:
Name:
Qualification:
AHPRA number:
☐ Implanon NXT® certificate (MSD) attached
For nurse and midwife assessors only:
☐ FPV/FPNSW Implanon NXT® course competency certificate attached
   OR
☐ equivalent documentation of competency (which must be approved by FPV/FPNSW prior to assessment)
Assessor declaration:
☐ I am in current practice
☐ I have performed at least 3 successful Implanon NXT® insertion and/or removal procedures in the last 12 months
Assessor signature:_____________________________________________________
# Implanon NXT® insertion competency assessment

The clinician certified in Implanon NXT® insertion and removal must assess each of the elements below and initial each element once competence in that element has been demonstrated.

Two insertions with **every element** at a competent level are required for this table only. Practice insertions under supervision that are not used as part of a competency assessment should be recorded in the training log (see appendices), rather than this table.

**Note:** You may need further copies of these competency tables. We advise that you photocopy these prior to first use.¹

## INSERTION

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<thead>
<tr>
<th>Completes consent including discussing associated risks:</th>
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<tr>
<td>• Side effects including change in bleeding</td>
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<tr>
<td>• Explains procedure</td>
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<tr>
<td>• Risks:</td>
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<tr>
<td>• Infection</td>
<td></td>
</tr>
<tr>
<td>• Swelling and bruising at site</td>
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<tr>
<td>• Damage to nerves and tissues.</td>
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</table>

<table>
<thead>
<tr>
<th>Checks for contraindications to local anaesthetic</th>
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<tbody>
<tr>
<td>• Allergy</td>
<td></td>
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<tr>
<td>• Medical contraindication including:</td>
<td></td>
</tr>
<tr>
<td>• Wolff-Parkinson-White syndrome</td>
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</tr>
<tr>
<td>• Stokes-Adams syndrome</td>
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</tbody>
</table>

<table>
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<tr>
<th>Positions client appropriately on bed</th>
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</thead>
<tbody>
<tr>
<td>• Client lying supine</td>
<td></td>
</tr>
<tr>
<td>• Client's non-dominant arm bent at the elbow, the back of the client's hand on the bed with wrist parallel to ear</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Identifies and marks site correctly</th>
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<tbody>
<tr>
<td>• mark once at 8-10cm above the medial epicondyle of the humerus and</td>
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<tr>
<td>• mark again around 4cm proximally as a direction guide.</td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th>Hand hygiene performed &amp; demonstrates aseptic technique throughout the procedure</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Demonstrates and applies the correct local anaesthetic infiltration technique for the procedure</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Insert the tip of the needle beneath the skin at the insertion site</td>
<td></td>
</tr>
<tr>
<td>• inject 0.5mL of local anaesthetic sub-dermally beneath the skin at this point</td>
<td></td>
</tr>
<tr>
<td>• Advance the needle forward along the 4cm insertion tract just beneath the skin</td>
<td></td>
</tr>
<tr>
<td>• Aspirate prior to injecting 2-3 ml of local anaesthetic to avoid inadvertent intravascular injection</td>
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</tbody>
</table>
Demonstrates and applies the correct procedure for Implanon NXT® insertion
- Checks local anaesthetic site for response to pain stimuli
- Holds the applicator just above the needle at the textured surface area.
- Removes the transparent protection cap by sliding it horizontally in the direction of the arrow away from the needle.
- Visualises the white coloured implant by looking into the tip of the needle.
- Holds skin firmly in the area the applicator shaft will be guided.
- Punctures skin at insertion site with tip of needle at approx. 30° angle.
- Lowers the applicator to a horizontal position while lifting the skin with the tip of the needle.
- Slides the needle to its full length.
- Keeping the applicator in the same position, unlocks the purple slider by pushing it slightly down and moving the slider fully back until it stops.
- Removes the applicator.
- Disposes of needles and applicator in sharps bin.

Confirms client and inserter can palpate Implanon NXT®

Demonstrates correct wound dressing including:
- Adhesive dressing
- Pressure bandage

Provides appropriate post procedure instructions to client

Follow up pregnancy test recall if indicated (Quick Start)

Only if an insertion has been completed with all elements performed competently, then assessor should print their name and sign.

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<tbody>
<tr>
<td><strong>Date</strong></td>
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<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>
Implanon NXT® removal competency assessment

The clinician certified in Implanon NXT® insertion and removal must assess each of the elements below and initial each element once competence in that element has been demonstrated.

Two removals with every element at a competent level are required for this table only. Practice removals under supervision that are not used as part of a competency assessment should be recorded in the training log (see appendices), rather than this table.

<table>
<thead>
<tr>
<th>File Number (no identifying details should be recorded)</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Completes consent including discussing associated risks:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Explains procedure</td>
<td></td>
<td></td>
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<tr>
<td>• Risks:</td>
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<tr>
<td>• Infection</td>
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<td></td>
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<tr>
<td>• Swelling and bruising at site</td>
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<tr>
<td>• Damage to nerves and tissues.</td>
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</tr>
<tr>
<td>Checks for contraindications to local anaesthetic</td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Stokes-Adams syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positions client appropriately on bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Client lying supine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Client’s non-dominant arm bent at the elbow, the back of the client’s hand on the bed with wrist parallel to ear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies and marks site correctly</td>
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<td></td>
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<tr>
<td>• Palpates implant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Marks distal end of implant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand hygiene performed &amp; demonstrates aseptic technique throughout the procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates and applies the correct local anaesthetic infiltration technique for the procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Insert the tip of the needle just beneath the distal end of the implant. Inject 0.5 - 1mL of local anaesthetic subcutaneously in this spot underneath the implant</td>
<td></td>
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<tr>
<td>Date</td>
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</table>

**Demonstrates and applies the correct procedure for Implanon NXT® removal**
- Checks local anaesthetic site for response to pain stimuli
- Pushes down the proximal end of the implant
- Either:
  - Starting at the distal tip of the implant, a longitudinal incision of 2-5mm towards the elbow
  - Superficial stab incision towards the distal tip of the implant
- Gently push the implant towards the incision until the tip is visible. Dissect the fibrous capsule from the implant. Grasp the implant with curved mosquito forceps and remove the implant with gentle traction
- Disposes of needles and scalpel in sharps container

**Confirms client and inserter can palpate Implanon NXT®**

**Demonstrates correct wound dressing including:**
- Steri-strips
- Adhesive dressing
- Pressure bandage

**Provides appropriate post procedure instructions to client**

**Only if an removal has been completed with all elements performed competently, then assessor should print their name and sign.**

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<thead>
<tr>
<th>Name:</th>
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<tr>
<td>Signature:</td>
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</table>
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FINAL IMPLANON NXT® INSERTION AND REMOVAL PROCEDURE ASSESSMENT

This should be completed by the assessor who assesses the final Implanon NXT® insertion or removal procedure:

I hereby certify that

is competent for

Implanon NXT® insertion and removal procedures including the use of local anaesthetics

Assessor Name: ________________________
Assessor Signature: ________________________
Trainee Name: ________________________
Trainee Signature: ________________________
Date: ________________________
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APPENDIX 1
EXAMPLE OF STANDING ORDER (ADAPTATION FROM FPNSW)

Standing order:

Lignocaine hydrochloride injection
(50mg in 5 mL)
(Xylocaine® 1%)

Form: solution for injection
Dose: approximately 2 mL
Route: subcutaneously
Duration: stat

General principles:
• Treatment should be deferred and medical opinion sought if the clinical details depart from those outlined in this document.
• Lignocaine hydrochloride injection must be in accordance with clinical guidelines and must only be used for local anaesthesia prior to a Implanon NXT® insertion and there should be no evidence of contraindications.1
• Lignocaine injection as a local anaesthetic should only be administered after obtaining the informed verbal consent of the client.
• Lignocaine injection (50mg in 5 ml) is only to be used by Registered Nurses who have successfully completed training in Implanon NXT® insertion and who have satisfactorily been accredited for contraceptive implant insertion (including successful completion of the local anaesthetic training package).

Indications:
• Local anaesthetic injected subcutaneously prior to Implanon NXT® insertion (Implanon NXT®)

Administration of lignocaine solution for injection subcutaneously:
• Can only occur when a Family Planning NSW Medical Officer is onsite in the clinic.
• Will only proceed after the Implanon NXT® assessment has been completed and the client is deemed suitable for Implanon NXT® insertion.
• The client has also been deemed suitable to receive local anaesthetic administration with lignocaine prior to Implanon NXT® insertion.
• Implanon NXT® consent form must be signed prior to insertion.
• Lignocaine injection can only be supplied by an accredited Implanon NXT® inserting Registered Nurse.
• The lowest dose that results in effective anaesthesia should be used.
• The dose must not exceed 3mg/kg
• Injection should always be made slowly with frequent aspiration to avoid inadvertent intravascular injection.
• The Implanon NXT® inserting registered nurse must have current accreditation in advanced life support.
• Emergency equipment must be available including oxygen.
• Careful and constant monitoring of cardiovascular and respiratory vital signs and the patient’s state of consciousness.

Contraindications:
• History of allergy the drug, its drug class or components.
• Inflammation and/or infection at the site of the proposed injection.
• Check for contraindications1 Lignocaine should not be used in patients with impaired cardiac conduction or cardiac function, bradycardia, severe shock or digitalis intoxication, Stokes-Adams syndrome, Wolff-Parkinson-White syndrome or with severe cardiac conduction disorders.
• Local anaesthetics should be avoided in patients with pre-existing abnormal neurological pathology eg myasthenia gravis.
• Acute porphyria.
• Exclude drug interactions.
Client Advice:

- Explain the use and administration of local anaesthetic.
- Obtain consent for insertion of Implanon NXT® insertion which includes the use of local anaesthetic. (see consent form).
- Explain the potential adverse reactions to local anaesthetic including cardiovascular, central nervous system and neurological and allergic (footnote 1).

Refer to a medical practitioner if the client has:

- Contraindications to medication.
- Client has severe cardiac conduction disorder.

Follow up required: Nil

This order is for administration of medication by a registered nurse trained in Standing Orders working in a Family Planning NSW clinic to a Family Planning NSW client.

Approved for use: 

Signature: 

Name: 

Review Date: 

APPENDIX 2
EXAMPLE OF STANDING ORDER (ADAPTATION FROM FPNSW)

Standing order:
Lignocaine hydrochloride (50mg) with Adrenaline (50mcg) in 5 mL (Xylocaine®1% with Adrenaline 1:100,000 injection)

Form: solution for injection
Dose: approximately 0.5 mL - 1 mL
Route: subcutaneously
Duration: stat

General principles:
- Treatment should be deferred and medical opinion sought if the clinical details depart from those outlined in this document.
- The indication must be in accordance with clinical guidelines and there should be no evidence of contraindications.
- Lignocaine with Adrenaline injection should only be used as a local anaesthetic and administered after obtaining the informed consent of the client.
- Lignocaine with Adrenaline injection should only be administered as a local anaesthetic prior to an Implanon NXT® removal.
- Lignocaine with Adrenaline injection is only to be used by Registered Nurses who have successfully completed training in Implanon NXT® insertion and removal and who have satisfactorily been accredited for contraceptive implant insertion and removal (including successful completion of the local anaesthetic training package).

Indications:
- Local anaesthetic injected subcutaneously prior to Implanon NXT® removal

Administration of Lignocaine with Adrenaline solution for injection subcutaneously:
- Can only occur when a Family Planning NSW medical officer is onsite in the clinic.
- The client has also been deemed suitable to receive local anaesthetic administration with Lignocaine with Adrenaline prior to Implanon NXT® removal.
- Lignocaine with Adrenaline solution for injection can only be supplied by an accredited Implanon NXT® inserting Registered Nurse.
- Injection should always be made slowly with frequent aspirations to avoid inadvertent intravascular injection.
- The lowest dose that results in effective anaesthesia should be used.
- The dose of Lignocaine with Adrenaline should not exceed 7mg/kg of lignocaine.
- The Implanon NXT® inserting registered nurse must have current accreditation in advanced life support.
- Emergency equipment must be available including oxygen.
- Requires careful and constant monitoring of cardiovascular and respiratory vital signs and the patient's state of consciousness.

Contraindications:
- History of allergy the drug, its drug class or components (includes allergy to sodium metabisulfite).
- Known sensitivity to sympathomimetic amines.
- Inflammation and/or sepsis in the region of the proposed injection.
- Conditions where an exacerbation of tachycardia may prove fatal eg thyrotoxicosis or severe heart disease.
- Check for contraindications 1 Lignocaine with Adrenaline should not be used in patients with severe or untreated hypertension, ischaemic heart disease, cerebrovascular insufficiency, heart block, advanced diabetes, poorly controlled thyrotoxicosis cardiac conduction disorders eg Stokes-Adams syndrome, Wolff-Parkinson-White syndrome or with severe cardiac conduction disorders.
Contraindications (cont.):

- Local anaesthetics should be avoided in patients with pre-existing abnormal neurological pathology e.g. myasthenia gravis
- History of cerebral arteriosclerosis
- Acute porphyria
- Exclude drug interactions.

Client Advice:

- Explain the use and administration of local anaesthetic
- Obtain verbal consent for administration of Lignocaine hydrochloride with Adrenaline prior to Implanon NXT® removal.
- Explain the potential adverse reactions to local anaesthetic including cardiovascular, central nervous system and neurological and allergic (footnote 1)

Refer to a Family Planning NSW medical officer or a general practitioner if:

- Contraindications to medication.
- Client has severe cardiac conduction disorder.

Follow up required: Nil

This order is for administration of medication by a registered nurse trained in Standing Orders working in a Family Planning NSW clinic to a Family Planning NSW client.

Approved for use: 

Signature: 

Name: 

Review Date: 

USEFUL READING


### APPENDIX 3
### TRAINING LOG FOR IMPLANON NXT® INSERTION/REMOVAL

<table>
<thead>
<tr>
<th>Date:</th>
<th>Client record number (no identifying details)</th>
<th>Comments: (note simulated practice, observations, insertions, removals, re-insertions and any reflections)</th>
</tr>
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APPENDIX 4
INSERTION PROCEDURE
Implanon NXT® insertion

Equipment
- Trolley
- Dressing Pack and chlorhexidine OR chlorhexidine swab/wipe
- Alcohol skin wipe
- Bluey pad for bed
- Appropriate sized sterile gloves
- 3 or 5mL syringe
- Drawing up needle
  - 23G 1 ¼” needle or 25G 1.5” needle for insertion
  - For Insertion: 5mL 1% Lignocaine hydrochloride
  - For Removal / Reinsertion: 5mL 1% Lignocaine hydrochloride with Adrenaline
- Skin marking pen
- Paper stitches may be used if required
- Small transparent dressing
- Crepe bandage
- Tape
- Implanon NXT®
- Emergency equipment as per employer’s policy and procedures

Equipment preparation
- Check history of allergies to dressings, medications or local anaesthetic
- Check MEC criteria and obtain consent for Implanon NXT® procedure
- Document type of local anaesthetic, expiry date and dosage
- Attach drawing up needle to syringe and draw up appropriate local anaesthetic for procedure
- Remove drawing up needle and dispose of in sharps container
- Attach 23G or 25G needle to syringe as appropriate for procedure
- Expel any air from syringe

Anaesthetic Infiltration
Ask client to lie in supine position on bed with non-dominant arm bent at the elbow, the back of the client’s hand on the bed with wrist parallel to ear. Place protective sheet underneath client’s arm. Using skin marking pen, mark once at 8-10cm above the medial epicondyle of the humerus and mark again around 8cm proximally as a direction guide. Cleanse insertion site with alcohol skin wipe and allow skin time to dry.
- Draw local anaesthetic using non-sterile gloves and inject cleansed injection site. While waiting for the LA to become effective, prepare the equipment and perform hand hygiene
- Insert the tip of the needle beneath the skin at the insertion site and inject 0.5mL of local anaesthetic sub-dermally beneath the skin at this point
- Advance the needle forward along the 4cm insertion tract just beneath the skin, injecting 2-3 ml of local anaesthetic while withdrawing along the insertion tract. Time for efficacy should be between 1-5 minutes
Procedure

MSD recommend sitting in order to insert Implanon NXT® which allows better visualisation of the needles progression than standing. The following insertion guideline is from MSD Implanon NXT® product information.

• Before proceeding to Implanon NXT® insertion, check local anaesthetic site for response to pain stimuli
• Hold the applicator just above the needle at the textured surface area. The implant applicator should only be handled with sterile gloves in place
• Remove the transparent protection cap by sliding it horizontally in the direction of the arrow away from the needle (If the cap does not come off easily the applicator should not be used)
• You may see the white coloured implant by looking into the tip of the needle. Do not touch the purple slider until you have fully inserted the needle subdermally, as it will retract the needle and prematurely release the implant from the applicator
• If right-handed, using left hand hold skin firmly in the area the applicator shaft will be guided
• Using right hand, puncture skin at insertion site with tip of needle at approx. 30° angle
• Lower the applicator to a horizontal position. While lifting the skin with the tip of the needle
• Slide the needle to its full length. You may feel slight resistance but do not exert excessive force. If the needle is not inserted to its full length, the implant will not be inserted properly
• Keeping the applicator in the same position with the needle inserted to its full length. Unlock the purple slider by pushing it slightly down. Move the slider fully back until it stops
• The implant now in its final subdermal position and the needle is locked inside the body of the applicator. The applicator can now be removed
• It is important that the applicator is not moved during this step as movement or incorrect sliding could result in improper insertion
• Confirm presence of implant by gentle palpation; demonstrate to client checking procedure
• Cover insertion site with paper stitch (optional) and clear transparent dressing
• Apply crepe pressure bandage to minimise bruising; advise client to keep arm dry and bandaged for 24 hours (1 day); keep sterile dressing intact for 2-3 days.
• Dispose of needles and applicator in sharps bin

If implant is not palpable after insertion check applicator for implant presence and consider xray or ultrasound to detect presence of implant. Alternative contraception will be necessary until implant presence is confirmed.
APPENDIX 5
REMOVAL PROCEDURE
Implanon NXT® insertion

General principles:
• Treatment should be deferred and medical opinion sought if the clinical details depart from those outlined in this document.

Equipment
• Trolley
• Dressing Pack
• Bluey pad for bed
• Appropriate sized sterile gloves
• 3 or 5mL syringe
• Drawing up needle
• 23G 1 ¼” needle or 25G 1.5” needle for insertion (shorter needle can be used for removals without reinsertion)
• For Removal / Reinsertion: 5mL 1% Lignocaine hydrochloride with Adrenaline
• Curved mosquito forceps (x 2 or mosquito forceps plus other forceps)
• Skin marking pen
• Alcohol skin wipe
• Chlorhexidine
• Paper stitches
• Small transparent dressing
• Tape
• Emergency equipment as per employer’s policy and procedure
• Disposable scalpel

Equipment preparation
• Check history of allergies to dressings, medications or local anaesthetic
• Document type of local anaesthetic, expiry date and dosage
• Attach drawing up needle to syringe and draw up appropriate local anaesthetic for procedure
• Remove drawing up needle and dispose of in sharps container
• Attach 23G or 25G needle to syringe as appropriate for procedure as listed above
• Expel any air from syringe
• Cleanse insertion site with alcohol skin wipe and allow skin time to dry

Ask client to lie in supine position on bed with non-dominant arm bent at the elbow, the back of the client’s hand on the bed with wrist parallel to ear. Place protective sheet underneath client’s arm. Identify Implanon NXT® by palpatiing 8-10cm above the medial epicondyle of the humerus, Implanon NXT®s should be easily palpated if unable to palpate implant refer to medical officer client may need ultrasound guided removal.

Using skin marking pen, mark the tip of the Implanon NXT®.
Insert the tip of the needle just beneath the distal end of the implant (end closest to elbow). Inject 0.5 - 1mL of local anaesthetic subcutaneously in this spot underneath the implant to help keep it close to the skin's surface.
Procedure

MSD recommend sitting in order to insert Implanon NXT® which allows better visualisation of the needles progression than standing. The following insertion guideline is from MSD Implanon NXT® product information.

- Before proceeding to Implanon NXT® insertion, check local anaesthetic site for response to pain stimuli
- Hold the applicator just above th

Procedure

- Before proceeding to Implanon NXT® removal, check local anaesthetic site for response to pain stimuli
- Push down the proximal end of the implant to stabilise it; a bulge may appear indicating the distal end of implant.
- Either:
  - Starting at the distal tip of the implant, make a longitudinal incision of 2-5mm towards the elbow
  - Superficial stab incision towards the distal tip of the implant
- Gently push the implant towards the incision until the tip is visible. If required dissect the fibrous capsule from around the implant. Grasp the implant with curved mosquito forceps and remove the implant with gentle traction.
- Cover insertion site with paper stitch and clear transparent dressing
- Apply crepe pressure bandage to minimise bruising; advise client to keep arm dry and bandaged for 24 hours (1 day); keep sterile dressing intact for 3-5 days.
- Dispose of needles and applicator in sharps bin

Removal and insertion of Implanon NXT® in one procedure:

- Removal as per above procedure
- Following the removal of the Implanon NXT® insert the local anaesthetic needle through your incision and 4cm along the insertion tract. Infiltrate an additional 2-3ml LA along the insertion tract while withdrawing
- Alternatively, local anaesthetic may be infiltrated along the 4cm insertion tract prior to removal and reinsertion
- Insert the new Implanon NXT® following insertion procedure above.

For any procedure: check whether the client can feel any sharp pain before inserting the implant or making an incision with the scalpel. The anaesthetic should become effective within minutes. If sharp pain sensation is still present inject a further 0.5 – 1.0mL of local anaesthetic prior to proceeding with implant insertion or removal.

Clients should be monitored for a minimum of 15 minutes post injection or in accordance with your employer's local anaesthetic policy and procedures. The time taken from injection, duration of procedure and discussion of post procedural instructions is usually enough to assess clients wellness and for any sign of impending adverse reaction. Implanon NXT® batch number and expiry date should be marked in client’s file with a notation of removal date.

Implanon NXT® client card and product information (found in product box) should be completed and given to client.

Enter reminder for 3 years for Implanon NXT® removal if supported by practice policy