

Implanon

What is it?

Implanon is a contraceptive implant device inserted under the skin of the inner upper arm. It is a soft rod which is 4cm long and 2mm wide in diameter. Once inserted it can be felt, but not easily seen.

It contains only the hormone progestogen, similar to the progesterone that occurs naturally in the body.

The mini pill also contains progestogen only, unlike the combined oral contraceptive pill ('the pill'), which contains progestogen and oestrogen.

How does it work?

The main action of Implanon is to prevent ovulation (the production and release of an unfertilised egg). It also works by thickening the mucus produced by the cervix (entrance from the vagina to the uterus), which prevents sperm from getting through into the uterus.

How and when is it inserted?

Implanon is inserted by a doctor who has been specially trained. The insertion takes only a few minutes and is performed with local anaesthetic to minimise pain. After the local anaesthetic wears off (a few hours), there is usually some soreness and noticeable bruising, which settles within a few days.

If it is inserted during the first 5 days of a period, the contraceptive implant is effective immediately. If inserted at other times of the menstrual cycle, it will be effective after 7 days. You must check with your doctor that you are not pregnant at the time of insertion.

Who is Implanon suitable for?

Implanon may be an appropriate choice for you if:

- You want effective contraception, particularly if you have difficulty remembering to take pills every day.
- You have difficulties with other forms of contraception.
- You are unable to take contraception which contains oestrogen.

Who should not use Implanon?

Generally Implanon is thought to be safe for most women. However, care should be taken if:

- You are breastfeeding. Although it has been studied in only a small number of mothers and their babies, Implanon is probably safe. A woman should discuss the issues with her doctor and wait until the baby is at least 6 weeks old before having Implanon inserted.
- You have a history of blood clots, heart disease, liver disease or take medications for epilepsy. You may still be able to use Implanon but you need to have a detailed discussion with your doctor.
- You have had breast cancer.

What are the advantages?

- The hormone is released slowly and continuously into the blood stream from the implant, therefore there is no need to remember to take a pill every day. The body also produces its own natural oestrogen at normal levels. This means there is unlikely to be any increased risk of osteoporosis (thinning of the bones) when on Implanon. Research is still being conducted but all the results appear to be encouraging.
- Women who suffer from premenstrual tension may experience a reduction of symptoms and bleeding may be less painful. Generally, women have fewer bleeding days and less total bleeding, than they would with their usual periods. On removal of the implant, any side effects or contraceptive effect are quickly reversed.

What are the disadvantages?

- The main disadvantage is irregular bleeding pattern. This is because Implanon contains progestogen only and it is the oestrogen in 'the (combined) pill' that helps to regulate bleeding.
20% of women using Implanon will have no bleeding. However, a small percentage of women may have a small amount of bleeding every day. Other bleeding patterns exist between these two extremes and all patterns may settle in the first 3-4 months. However, they are unlikely to settle if they continue after this.
About 23% of women have bleeding patterns that are unacceptable to them, and consequently choose to have the implant removed. Your doctor may advise you to leave Implanon in for three or more months, to see if bleeding does settle.
- Some women are quite sensitive to the hormone in Implanon and may gain weight; some women may lose weight.
- Other possible side effects are acne, breast tenderness, a lower sex drive and headaches.
- Importantly, Implanon does not protect from sexually transmissible infections (STIs). Condoms and dams (for safer oral sex) need to be used, as a protection against STIs. Ask your doctor when you need a check for STIs.

How long does it last and how effective is it?

Each Implanon rod is effective for three years. After three years, the rod needs to be removed and replaced. Removal and insertion may be done on the same day. When correctly inserted by a doctor trained in this procedure, Implanon is over 99.9% effective. World-wide, few women using Implanon have become pregnant.

What if I don't like it or want to fall pregnant?

Implanon can be removed at any stage. Unless symptoms are severe, women are encouraged to keep Implanon in for at least three months, as there is a good chance any side effects will settle after this.

After removal, any side effects should be reversed within weeks and most women begin to ovulate (produce eggs) soon after the removal. Women who stop using Implanon are therefore expected to have the same chance of falling pregnant, as women who stop using other forms of contraception. Fertility is thought to be unaffected long term.

How is it removed?

A doctor will inject local anaesthetic over the implant. A small cut is made in the skin and the Implanon rod is removed through this. There will be a small scar but no stitches are required. It usually takes 10 – 15 minutes and is fairly straight forward for a doctor trained in Implanon procedures. .

If the Implanon rod is deeper than usual, which is uncommon, the procedure may take longer as it will need to be removed with ultrasound guidance. This will be done in a hospital with a specialist in this field. The doctor will discuss this with you before the procedure goes ahead.



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