



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Expires end of January 2021

## OG33 Inserting a Contraceptive Implant

### Local Information

You can get more information locally from:

---

---

---

---

You can get more information from [www.aboutmyhealth.org](http://www.aboutmyhealth.org)

Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)



Royal College  
of Surgeons  
ADVANCING SURGICAL CARE



THE ROYAL COLLEGE  
OF SURGEONS OF  
EDINBURGH



The Information Standard

Certified Member

[eidohealthcare.com](http://eidohealthcare.com)

EIDO  
HEALTHCARE

UNITED KINGDOM

## Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Even though lockdown has been eased, there is still a risk of catching coronavirus. Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

## Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date for your operation. Your healthcare team can tell you about the risks of coronavirus. It is up to you to decide whether to have the operation or not. The benefits of the operation, the alternatives and any complications that may happen are explained in this document. You also need to consider the risk of getting coronavirus while you are in hospital. If you would rather delay or not have the operation, until you feel happy to go ahead with it, or if you want to cancel the operation, you should tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time before the procedure (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. This involves the healthcare team taking a nasal and throat swab (using cotton wool to take a sample from the surface of your nasal passage and throat). If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus is highly contagious (meaning it spreads easily from person to person). The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Try not to touch your face, especially if you have not washed your hands. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are very well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

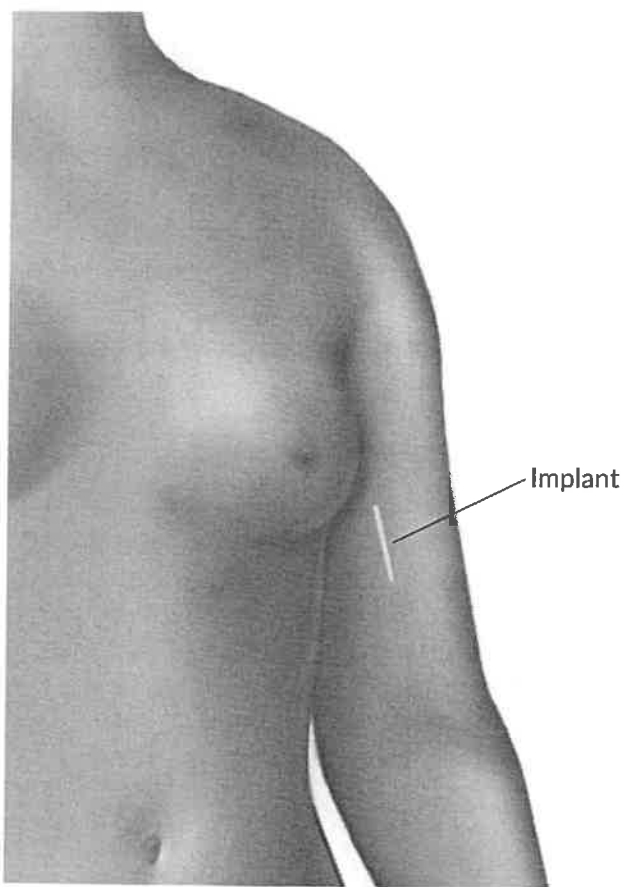
## What is a contraceptive implant?

A contraceptive implant works by releasing the synthetic hormone progestogen to prevent you from becoming pregnant.

Progestogen provides three layers of protection.

- It prevents an egg being released from your ovary.
- It thickens the mucus plug in your cervix (neck of your womb) to help stop sperm reaching your uterus (womb).
- It thins the lining of your womb so any fertilised egg cannot form a pregnancy.

The implant is the size of a match-stick and is made of plastic. It is inserted under the skin of your upper arm (see figure 1).



The position of a contraceptive implant

A contraceptive implant is a non-permanent (reversible) method of female contraception. It can stay in place for up to three years. Your doctor can remove it at any time you choose.

It is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, ask your doctor or the healthcare team.

## What are the benefits of a contraceptive implant?

You or your partner should not need to use another method of contraception while the implant is in place. However, an implant can fail and allow you to become pregnant (failure rate: 5 in 10,000 over one year).

Using a condom is the only method of contraception that provides some protection against sexually transmitted infections.

Period pain is usually reduced a lot. 2 in 10 women will not have a period while the implant is in place.

## Are there any alternatives to a contraceptive implant?

There are other non-permanent methods of female contraception.

- A coil or intrauterine contraceptive device (IUCD) (failure rate: less than 2 in 1,000 over one year).
- Oral contraceptive pill (failure rate: 8 in 100 over one year).

A sterilisation is a permanent method of female contraception (failure rate: 5 in 1,000 over one year). It involves blocking both fallopian tubes (tubes that carry the egg from your ovary to your womb and sperm to the egg).

The only safe, non-permanent method of male contraception is to use a condom, but the risk of failure is higher (failure rate: on average 15 in 100 over one year).

A vasectomy is a permanent method of male contraception (failure rate: less than 2 in 1,000 over one year). It involves cutting both the tubes that carry sperm from the testicles.

If you think one of these methods may be more suitable for you, discuss this with your doctor.

## What does the procedure involve?

### Before the procedure

Let your doctor know your monthly cycle and if you have any unusual bleeding or discharge.

Your doctor may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your doctor know if you could be pregnant.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

### In the treatment room

Inserting a contraceptive implant usually takes about 5 minutes.

Your doctor will use antiseptic to clean the area where the implant will be inserted. They will inject local anaesthetic into the inside of your upper arm. This stings for a moment but will make the area numb, allowing your doctor to insert the implant with much less discomfort for you.

Your doctor will insert the implant under your skin using a special needle and then cover it with a dressing.

## What complications can happen?

The healthcare team will try to make the procedure as safe as possible but complications can happen. The possible complications of inserting a contraceptive implant are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- Tenderness or mild bruising where the implant was inserted. This usually gets better in a few days.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

- Irregular bleeding leading to the implant being removed (risk: less than 15 in 100).
- Infection around the implant (risk: less than 1 in 100). This is easily treated with antibiotics.

You should discuss these possible complications with your doctor if there is anything you do not understand.

## How soon will I recover?

You should be able to return to work and normal activities the day after your procedure.

If the implant was inserted during your period or in the first 5 days of your cycle, or on day 21 after giving birth, you do not need to use another form of contraception. Otherwise, continue to use your normal contraception for a week after the procedure.

Some women experience side effects such as breast discomfort, headaches and acne (risk: less than 2 in 10). These usually settle within the first 6 months. Contact your doctor if you experience one of the following problems.

- You cannot feel the implant.
- The implant has changed shape.
- You have pain or swelling around the implant.
- Your periods concern you.
- You think you might be pregnant.

Most women experience a change in their periods. 5 in 10 women will have periods more or less often and the periods will be heavier or lighter. This usually settles over time. Some women report weight gain, mood swings and lack of sex drive. However, these side effects have not been proven in a study to be caused by an implant. An implant does not affect your fertility after it has been removed.

## Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

## Summary

A contraceptive implant works by releasing the synthetic hormone progestogen to prevent you from becoming pregnant. It is inserted under the skin of your upper arm. It is usually a safe and effective non-permanent method of female contraception. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics are taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

### Acknowledgements

Reviewers: Andrew Woods (MBBS, MRCOG, FRANZCOG),  
Clare Myers (MBBS, FRANZCOG)

Illustrator: Medical Illustration Copyright © Nucleus Medical  
Art. All rights reserved. [www.nucleusinc.com](http://www.nucleusinc.com)

