Implanon/Nexplanon

What is Implanon/Nexplanon?

Implanon (soon to be replaced by Nexplanon) is a very effective birth control method that consists of a small plastic rod about the size of a match stick that is placed just beneath the skin of your upper inner arm. The rod has a small amount of hormone in it which prevents pregnancy for up to three years. Unlike the birth control pill, Implanon/Nexplanon does not contain estrogen, so it may be used by women who can’t take pills.

How effective is Implanon/Nexplanon?

Once placed, Implanon/Nexplanon provides protection from pregnancy for three years. It may be removed sooner than three years but should not be used longer than three years. In women of low to normal weight, Implanon/Nexplanon is one of the most effective birth control methods, with a failure rate of less than 1%. It may be as effective in heavier women, but this has not been studied.

Many methods of birth control require that you use them correctly and consistently to be fully effective, such as remembering to take a birth control pill every day. With Implanon/Nexplanon, once it is correctly inserted, there is no way to make it less effective. Pregnancy with Implanon/Nexplanon is generally because it was inserted incorrectly, placed in a woman who was already pregnant or because the woman did not use a backup method such as a condom for the first week after placement.

How does Implanon/Nexplanon work?

Implanon/Nexplanon prevents pregnancies by preventing ovulation, the release of a mature egg from the ovary. It also thickens the cervical mucus. This mucus becomes a barrier that does not allow sperm to enter the uterus. Fertilization cannot occur if there is no meeting of sperm and egg.

Your provider will give you a local anesthetic (numbing medicine) by needle in the skin of your upper arm. A needle-like applicator is then used to insert the rod under the skin. The procedure takes only minutes. When it is time to remove the implant, your provider will numb the area and make a small cut to remove the rod. Removal may take longer than insertion.

If you get the Implanon/Nexplanon during the first five days of your period, you are protected immediately. At any other time in your cycle, you should use a back up method such as condoms for the first week after insertion.

What are the benefits to using Implanon/Nexplanon?

- Easy to use, no medication to remember to take daily, weekly or monthly
- Nothing needs to be put in place prior to intercourse
- No clinic or pharmacy visits for birth control prescriptions or refills for three years
- More effective than sterilization while you are using it but you can still become pregnant once it is removed.
- Long-acting, provides protection for up to three years.
- Does not contain estrogen. Can be used by women who can’t use birth control pills.
• Once it is removed, your ability to become pregnant returns immediately.
• Allows a woman to protect herself from unwanted pregnancy discreetly. Once placed, Implanon/Nexplanon can’t be seen in your arm.
• Complications are rare.
• Can be used while breastfeeding.

What are the side effects of Implanon/Nexplanon?

Many women may notice changes in their menstrual cycle while using Implanon/Nexplanon and about 10-14% of users will have the Implanon/Nexplanon removed because of these changes. Approximately 20% of women will stop having periods after a few months. Another 20% of women will have monthly bleeding, but it will be lighter than a normal period. The remaining 60% will have irregular, light bleeding including irregular periods and/or spotting between periods, requiring a tampon or pantiliner. Rarely, women may notice heavier bleeding.

Other less common side effects include headache, vaginitis (abnormal vaginal discharge), weight gain, acne, breast soreness, more frequent viral infections such as colds and sore throats, stomach pain, crampy periods, mood swings, depression, nervousness, back pain, nausea, dizziness, change in sex drive or discomfort where the rod was inserted. Some women may develop discoloration, scarring or keloids (a thick, raised scar) at the placement site.

Certain medications and herbal supplements may make Implanon/Nexplanon less effective. Discuss with your provider all medications and supplements you are taking. Taking medications which interfere with Implanon/Nexplanon may lead to undesired pregnancy.

What are the risks of Implanon/Nexplanon?

• Fertility returns immediately. If you have your Implanon/Nexplanon removed and do not wish to become pregnant, you must start another form of birth control right away.
• Higher risk of tubal pregnancy if you do become pregnant
• May cause infection, bruising, local irritation or rash or allergic reactions when placed
• May be difficult to remove after three years, requiring anesthesia and leaving a scar or causing infection
• May not provide complete protection for heavier women
• Can’t be used by women on certain medications (check with your provider)
• May affect blood glucose levels in women with diabetes
• DOES NOT protect against HIV (AIDS) or other sexually transmitted diseases
• Must be removed after three years. Not removing the rod can lead to infertility, tubal pregnancy or problems with other medications.
• May cause blood clots leading to heart attack or stroke. It is not known if the risk of blood clots with Implanon/Nexplanon is any higher than the risk from pregnancy itself or from other birth control methods.
• Pregnancy may occur after incorrect insertion of the Implanon/Nexplanon. You should be able to feel the rod by placing your fingers on the skin of your arm just above where it was placed.
Who should not use Implanon/Nexplanon?

You should discuss with your provider whether it is safe for you to use Implanon/Nexplanon if you have or have had any of the following conditions:

- Are pregnant or think you might be pregnant
- Have a history of migraine headaches with aura
- History of blood clots
- Unexplained vaginal bleeding
- Liver disease
- High blood pressure
- Gallbladder disease
- History of breast cancer or have it now
- Allergy to anything in the Implanon/Nexplanon
- Planned surgery or bedrest in the next four weeks
- Cigarette smoker, especially if you are older than thirty-five years.

Once I have the Implanon/Nexplanon, when should I see a provider?

You should see your health care provider for the following:

- You have bleeding, pus, or increasing redness and pain at the insertion site.
- You find a new lump in your breast
- You miss a period after having regular periods every month
- You have unusually heavy vaginal bleeding or bleeding that lasts for an unusually long time
- The implant comes out or you can no longer feel it
- Your three year are up or you desire a pregnancy before three years and need to remove/replace the rod.
- You develop migraine headaches