Implanon

Gynaecology

Implanon is a contraceptive implant that releases hormones. The hormone is similar to progesterone, a natural female hormone. It usually prevents the release of an egg (ovulation) and makes it harder for a fertilised egg to attach to the lining of the womb. This leaflet explains how Implanon works and when it can be inserted.

What is Implanon?

Implanon is a contraceptive implant that helps prevent pregnancy. It is a small, flexible rod that is placed under the skin on the inside of your upper arm. The rod is about 4 cm long and 2 mm thick and releases a hormone called etonogestrel. Etonogestrel is a synthetic hormone that is similar to the natural female hormone progesterone. The hormone is slowly released into your bloodstream. Implanon usually prevents ovulation (the release of an egg from the ovary). It also changes the lining of the womb, making it more difficult for a fertilised egg to implant and grow.

Reliability

Implanon protects against pregnancy for three years. It is a very reliable contraceptive method. Fewer than 5 in 1,000 women (0.5%) using Implanon become pregnant. It is important to know that Implanon does not protect against sexually transmitted infections (STIs).

Contraindications for Implanon insertion

You cannot have an Implanon if you:

- are pregnant or think you may be pregnant.
- have vaginal bleeding between your periods without a known cause.
- have or have had breast cancer or cervical cancer.
- have or have had another tumour that is sensitive to hormones.

If you use medication for epilepsy, always discuss this with your doctor. Some medicines can affect how well Implanon works. Your doctor can advise whether Implanon is suitable for you.

When can Implanon be inserted?

Implanon can be inserted at any time during your menstrual cycle. This is only possible if you are certain that you are not pregnant. If Implanon is inserted between day 1 and day 5 of your period, you are protected against pregnancy immediately. If Implanon is inserted after day 5 of your period, you must use additional contraception, such as a condom, for the first 7 days after insertion. After giving birth, the timing of insertion depends on whether you are breastfeeding. If you are breastfeeding, Implanon can be inserted from 4 weeks after delivery. If your baby is formula-fed, Implanon can be inserted immediately after delivery.

Insertion of Implanon

The doctor will first numb the skin of your upper arm. Therefore, you will feel little or no discomfort during the insertion. The doctor will then place the implant under the skin on the inside of your upper arm. This is usually done in your non-dominant arm (the arm you do not use for writing). After the insertion, a plaster will be placed over the area where the Implanon was inserted. You may remove this plaster after 3 to 5 days.

After Implanon insertion

- After the insertion, the doctor will show you where the implant is located so that you can check later if it is still in the correct position.
- In some cases, you may need to use additional contraception for the first 7 days after insertion. Your doctor will tell you if this is necessary.
- Your bleeding pattern may change after Implanon insertion. You may experience bleeding less often, more often, or at irregular times. Bleeding may also be shorter, longer, lighter, or heavier. About 1 in 5 women experience more frequent or prolonged bleeding. In about 1 in 5 women, periods stop completely.

Possible side effects and complications

As with all medicines, Implanon can cause side effects. During the first few months after insertion, you may experience:

- headache
- skin changes
- sore or tender breasts
- mood changes
- weight gain

These side effects are usually mild and often improve or disappear on their own after 3 months.

When should you contact us?

Please contact us if you:

- have a fever above 38°C and increasing abdominal pain.
- have symptoms at the insertion site, such as redness, swelling, warmth, or pain.
- have abnormal vaginal discharge.
- have prolonged or heavy vaginal bleeding.
- think you might be pregnant.
- still have significant problems with irregular bleeding or other side effects 3 to 6 months after insertion.

Resuscitation

All patients at DC Klinieken will be resuscitated in an emergency situation. If you have a “do not resuscitate” statement, or if you have discussed with your doctor that you do not want to be resuscitated, it is important that you inform us.

Emergency after visiting DC Klinieken

In case of an emergency, call: 088 0100 998.

Insurance

DC Klinieken has contracts with all health insurers. This means that almost all care is reimbursed, just like in the hospital. You do need a referral from your (general) doctor. Please be aware of your own deductible. More information about reimbursements and possible exceptions can be found at: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, go to: www.dcklinieken.nl/contact or contact our Service and Information Centre at 088 0100 900.