

GYNAECOLOGY & OBSTETRICS UPDATE

Issue 68

June, 2008

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**AWARD
2005**

Progestogen-only Implants – I

Introduction, mode of action & effectiveness

Currently the only progestogen implant licensed for use as contraception in the UK is the 68 mg etonogestrel (ENG) implant (Implanon®) which comprises a single subdermal rod. It is normally inserted at the inner side of the upper arm (non-dominant arm) about 6–8 cm above the elbow crease in the groove between the biceps and the triceps. It is licensed for 3 years' use. Its primary mode of action is prevention of ovulation with a very low pregnancy rate (<1 in 1000 over 3 years, there is no evidence of a teratogenic effect). If there is a higher risk of STIs (aged <25 years, or >25 years with a new sexual partner, or more than one partner in the last year) condoms should be advised in addition. Discontinuation rate is up to 43% within 3 years.

Effect on menstrual cycles

About 20% of users will have no bleeding, while almost 50% will have irregular bleeding patterns. Women who experience problematic bleeding and have had gynaecological pathology excluded may be offered mefenamic acid or ethinyl estradiol (alone or as an oral contraceptive). In common with other methods which suppress ovulation, progestogen-only implants may improve dysmenorrhoea and the symptoms of endometriosis.

Effect on other conditions

Women of any age with a history of migraine (with or without aura) can use the implant. Women who develop new symptoms of migraine with aura while using progestogen-only implants should be advised to seek medical advice, as investigation may be appropriate. Women with a BMI >30 kg/m² can use a progestogen-only implant without restriction and without a reduction in contraceptive efficacy for the duration of the licensed use. There is a little or no increase in risk of venous thromboembolism. There is also no evidence of a clinically significant effect on bone mineral density. The overall risk of ectopic pregnancy is reduced when compared to using no contraception. There is no evidence of a delay in return of fertility, weight change, mood change or loss of libido. Acne may occur, improve or worsen

Insertion and additional contraception

Ideally, an implant should be inserted between Days 1 and 5 (inclusive) of a normal menstrual cycle. No additional contraception is required. An implant can also be inserted at any other time in the menstrual cycle if the clinician is reasonably certain that the woman is not pregnant and that there is no risk of conception. Additional contraception (barrier method or abstinence) should be advised for 7 days after insertion. The implant can safely be used by women who are breastfeeding and can be inserted up to and including Day 21 postpartum with immediate contraceptive protection. If inserted after Day 21 then condoms or abstinence should be advised for 7 days. It can be also inserted immediately following abortion or miscarriage; no additional contraception is required. If inserted >5 days after abortion or miscarriage then condoms or abstinence should be advised for 7 days. Additional contraceptive protection is recommended while using a liver enzyme-inducing drug and for 28 days after its cessation. The efficacy of progestogen-only implants is not reduced with non-liver enzyme-inducing antibiotics.

Reference: Faculty of Sexual & Reproductive Healthcare Clinical Guidance, April 2004

Gynaecology Update

The Author's Annual Lecture

Tuesday, 17th June, 2008– 6:45 pm

Venue: OKTO Restaurant, 12 Station Street, Eastbourne, BN21 4RG

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