



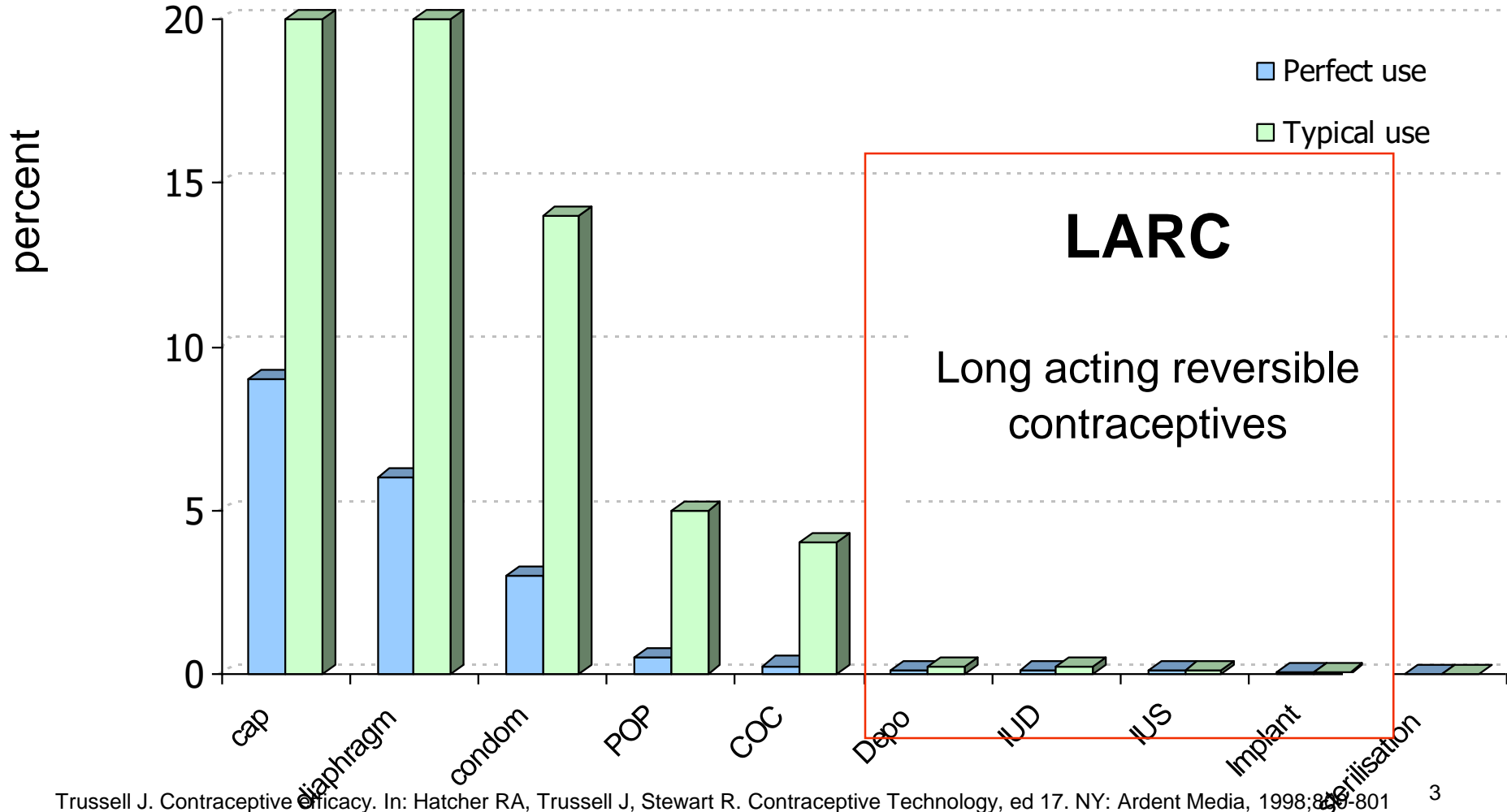
CONTRACEPTION WORKSHOP

24 August 2018

Layout

- Lecture
 - LARCs
 - ✓ IUDs & IUS
 - ✓ Implants
- Discussion
- Practical sessions
 - ✓ Insertions
 - ✓ removals

accidental pregnancy in first year of use



Copper IUD



Ingredient	copper
Efficacy	< 1%
MOA	Toxic to sperm Inflammatory response in endometrium No effect on ovulation
Bleeding pattern	Must have regular bleeds
Side effects	Cramps Heavier menstrual bleeding
Duration of action	5 years
What about infection?	No increased risk of PID – greatest risk is in 21 days post insertion – associated with insertion technique

IUS Portfolio Overview: Differentiation of Kyleena™ and Mirena®

The chart below outlines the key differences between Kyleena™, and Mirena®.

	KYLEENA™ ¹	MIRENA® ²
Indication	Contraception for up to 5 years	Contraception for up to 5 years Treatment of idiopathic menorrhagia Endometrial protection during estrogen replacement therapy
Pearl Index (efficacy)	Year 1: 0.16 5-years: 0.29*	0.2 in the first year of use
Total levonorgestrel (LNG) content	19.5 mg	52.0 mg
Average in vivo LNG release rate over the first year of use	12 µg/24 hours ⁵	20 µg/24 hours
Changes in menstrual bleeding pattern after insertion at the end of Year 1	Amenorrhea: 12% Infrequent bleeding: 26%	Amenorrhea: 16% Infrequent bleeding: 57%
T-frame size^{4,7}	28 mm x 30 mm	32 mm x 32 mm
Placement tube diameter size⁷	3.8 mm	4.4 mm
Color of monofilament thread⁷	Blue	Brown
Differentiator in imaging techniques: silver ring⁷	Improved visibility in ultrasound	—

* The 1 year Pearl Index was 0,16 and the Pearl Index after 5 years was 0,29. The failure rate was approximately 0,2 % at 1 year and the cumulative failure rate was approximately 1,5 % at 5 years. The failure rate also includes pregnancies due to undetected expulsion and uterine perforations.¹

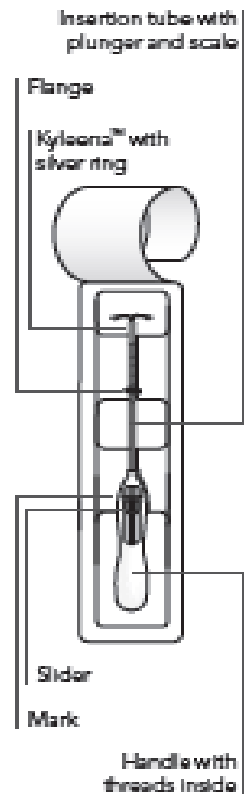
Insertion

- When:
 - ✓ Postpartum: postplacental/pp/at caesar
 - ✓ Interval
 - ✓ Postabortion
- Sure that the woman is not pregnant:
 - ✓ insertion in the first 2 weeks of cycle
 - ✓ lactational amenorrhoea method
 - ✓ no intercourse in the cycle
 - ✓ Changing from 1 contraceptive to another
- What to have prepared:
 - ✓ Speculum
 - ✓ Tenaculum
 - ✓ Sound
 - ✓ Device
 - ✓ Anti-septic solution
- Complications – what to look out for during insertion:
 - ✓ Excessive discomfort
 - ✓ Bleeding
 - ✓ Sudden loss of resistance

1

OPEN THE PACKAGE

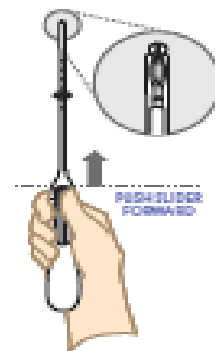
First, open the sterile package completely. Then use aseptic technique and sterile gloves.



2

LOAD KYLEENA™ INTO THE INSERTION TUBE

Push the slider in the direction of the arrow to the furthest position to load Kyleena™ into the insertion tube.



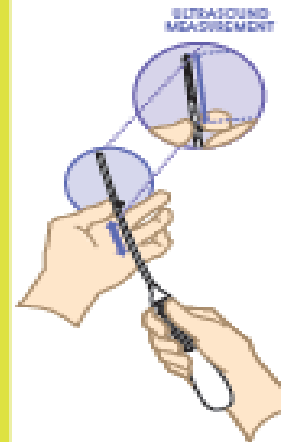
Important!

Do not pull the slider downwards as this may prematurely release Kyleena™. Once released, Kyleena™ cannot be re-loaded.

3

SET THE FLANGE

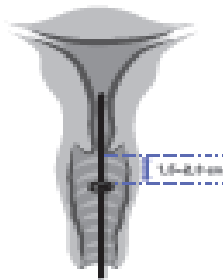
Holding the slider in the furthest position, set the upper edge of the flange to correspond to the sound measurement of the uterine depth.



4

ADVANCE THE INSERTER THROUGH THE CERVIX

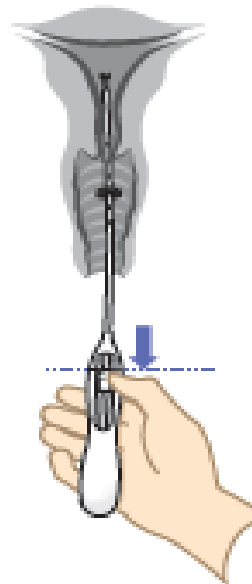
While holding the slider in the furthest position, advance the inserter through the cervix until the flange is approximately 1.5-2.0 cm from the uterine cervix.



5

OPEN THE ARMS

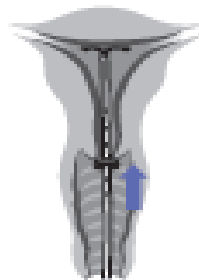
While holding the inserter steady, pull the slider to the mark to open the horizontal arms of Kyleena™.



6

ADVANCE TO THE FUNDAL POSITION

Advance the inserter gently towards the fundus of the uterus until the flange touches the cervix. Kyleena™ is now in the fundal position.

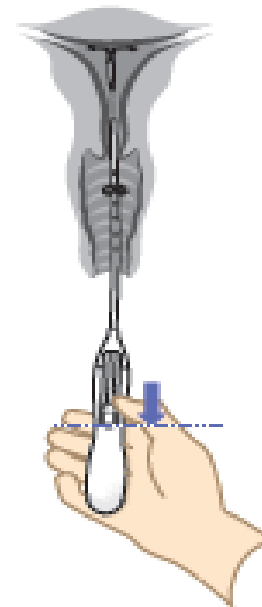


7

RELEASE AND WITHDRAW THE INSERTER

Holding the inserter in place, release Kyleena™ by pulling the slider all the way down.

While holding the slider all the way down, gently remove the inserter by pulling it out. Cut the threads to leave about 2-3 cm visible outside of the cervix.



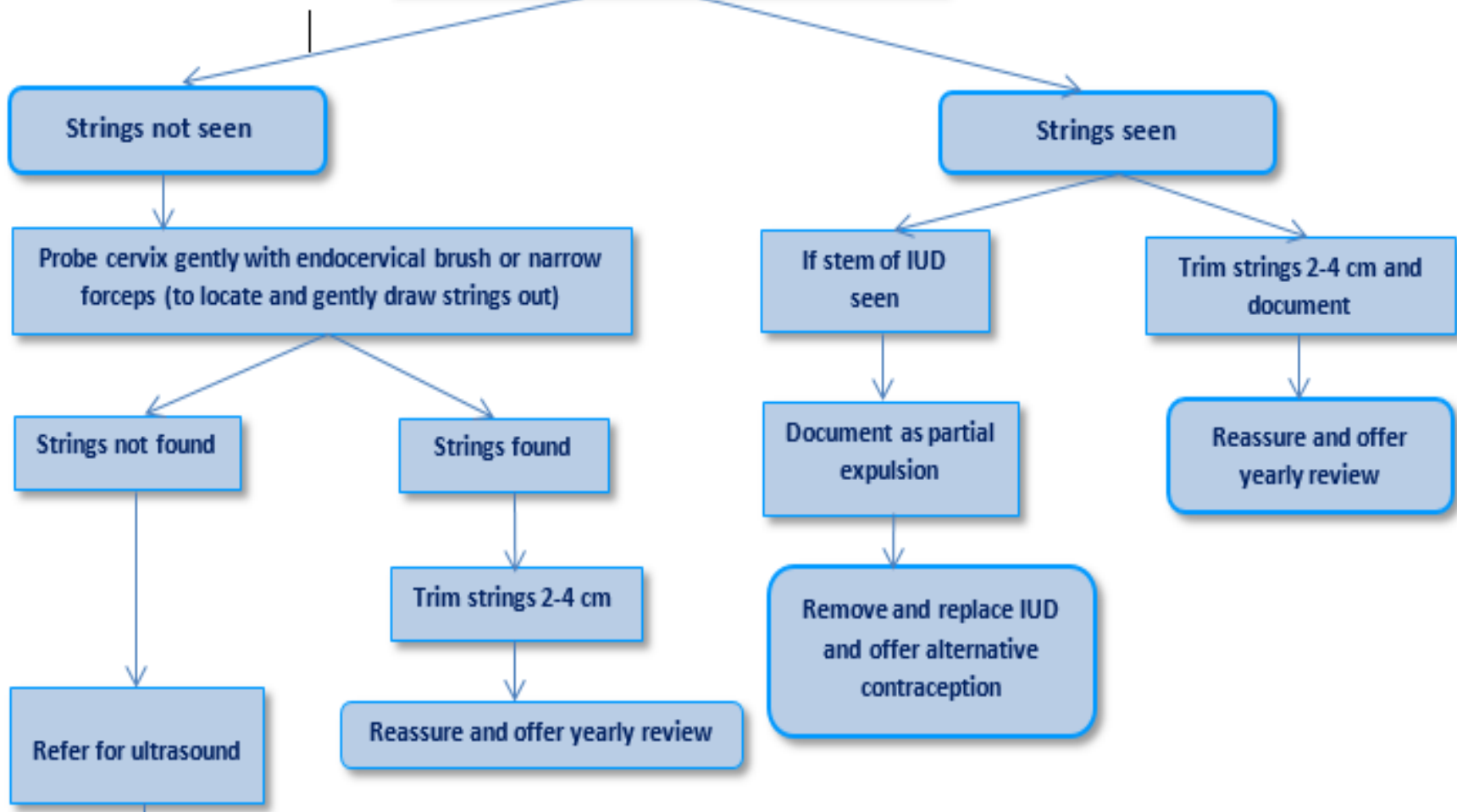
PPIUD warning signs for the woman

Before discharge, the following warning signs should be highlighted and the woman should be encouraged to call or come to the facility immediately for assessment:

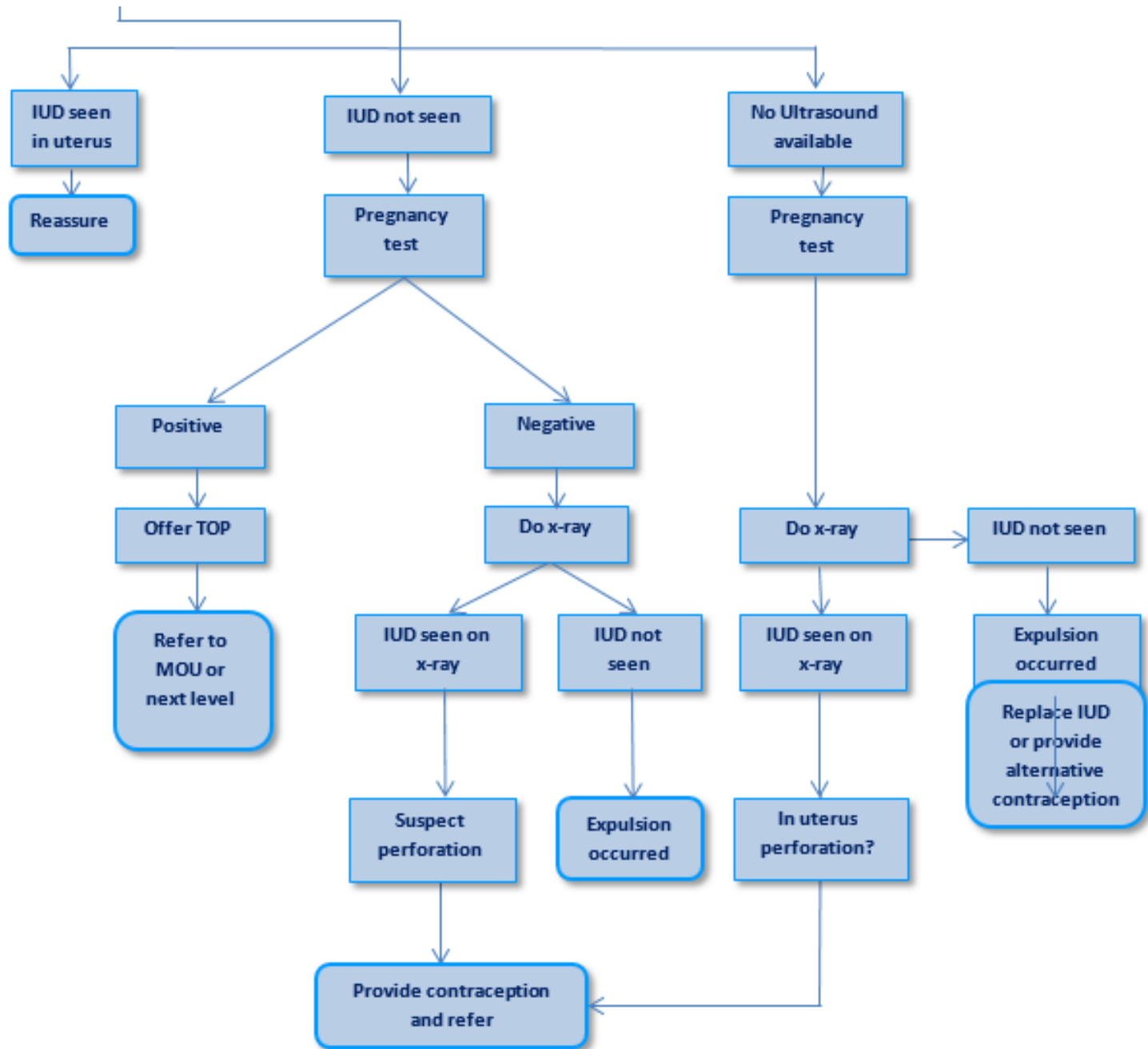
- heavy vaginal bleeding
- severe lower abdominal discomfort
- fever and not feeling well
- unusual vaginal discharge
- suspected expulsion: can either feel the IUD in the vagina or has seen it expelled from the vagina
- any other problems or questions she has related to IUDs

- Follow-up

EXAMINATION



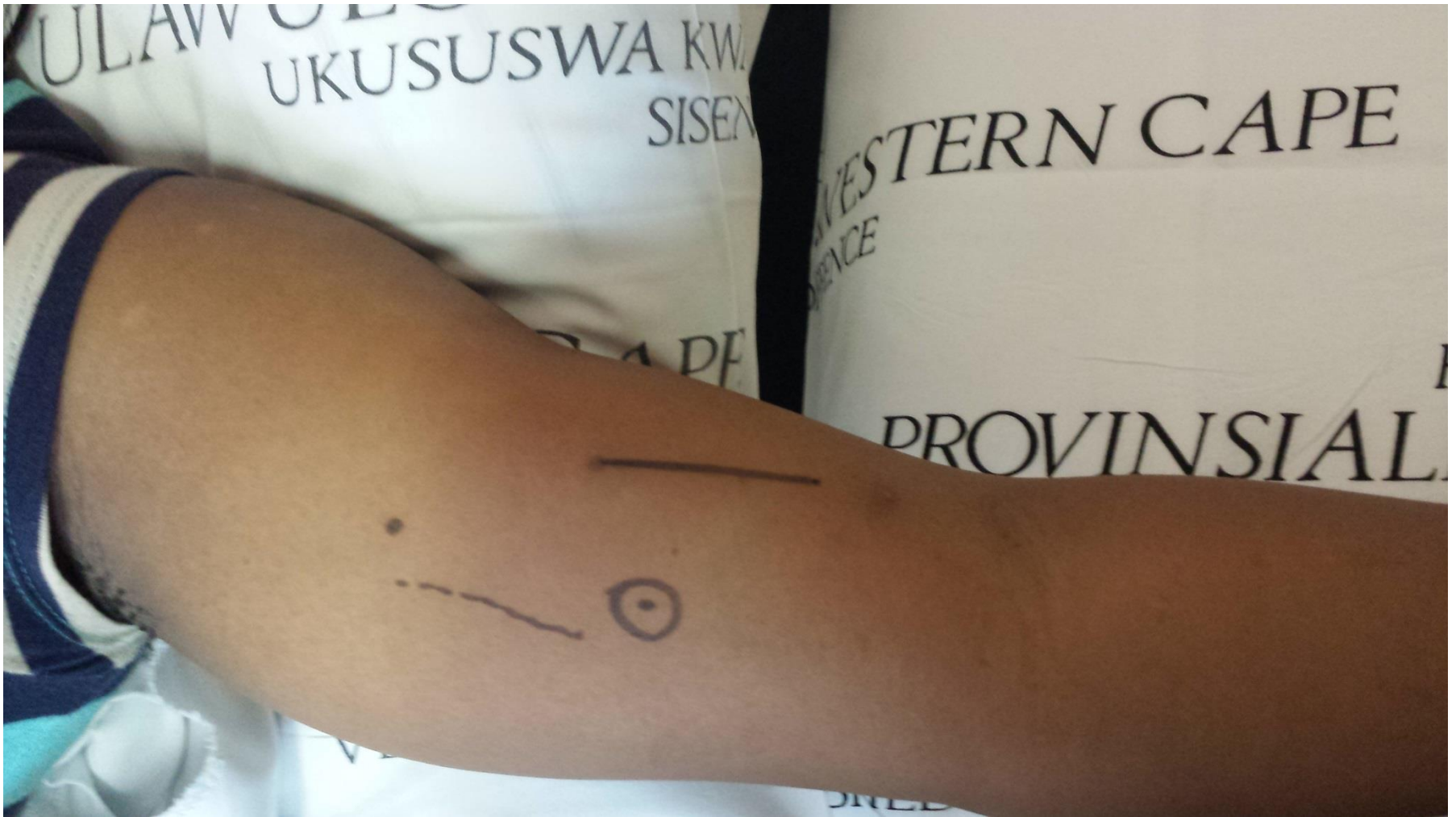


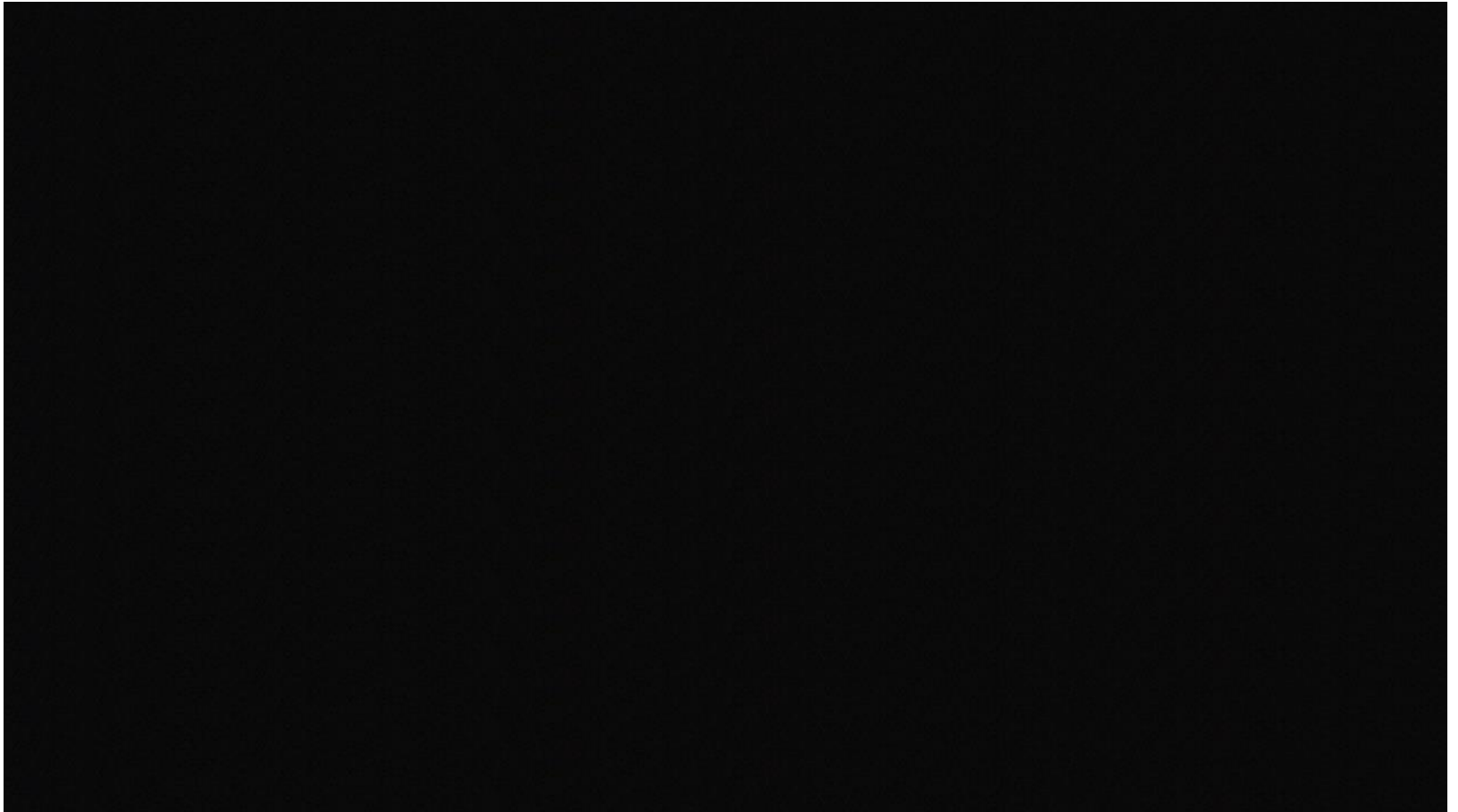


Implants in South Africa



Picture of the position of the implant





Removal and Replacement of Implants

- If a patient requests a new implant it must be inserted at the same time as the old one is removed
- New implant must be inserted through the same incision used to remove the expired implant
- If the expired implant was inserted on an incorrect site a use new, correct insertion site
- The new implant can be inserted in the same arm as the old one



Removal and Replacement of Implants

pop-out technique

small curved artery (mosquito)
forceps

Incision with a no.11 blade **in the
line of the implant.**

Do not cut across the tip of the
implant.

do not attempt blind removal if
not palpable

Referral criteria to the specialist
removal clinic are:

- i. Non-palpable implants
- ii. Migrated implants. more
than 5cm from the original
site where it was inserted
- iii. Failed attempted
removals

Do not send women back to the facility they had it inserted –
anyone who has been trained can remove an implant

Implant & Antiretrovirals

- Efficacy of Implanon NXT® is reduced in women on Efavirenz-based ART regimens
- Implanon NXT® in patients taking ARVs is **still more effective than injectable contraceptives in typical use**
- Patients taking ARVs who **choose** Implanon NXT® must be advised that:
 - The ARV medication is important and must be taken regularly
 - The implant doesn't affect the HIV, so doesn't have to be removed
 - No effect the action of the ARV medication
 - The Department of Health recommends that they use an alternate method
 - Stress importance of dual protection

The IUD is a safe and highly effective for HIV positive clients on treatment