Skills Update for Contraceptive Implant Side Effect Management and Removal: Learners Workbook
Jhpiego, a nonprofit global leader in the creation and delivery of transformative health care solutions for the developing world.

In partnership with national governments, health experts and local communities, we build health providers’ skills, and we develop systems that save lives now and guarantee healthier futures for women and their families. Our aim is revolutionizing health care for the planet’s most disadvantaged people.

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<tr>
<td>BP</td>
<td>blood pressure</td>
</tr>
<tr>
<td>COC</td>
<td>combined oral contraceptive</td>
</tr>
<tr>
<td>FP</td>
<td>family planning</td>
</tr>
<tr>
<td>IP</td>
<td>infection prevention</td>
</tr>
<tr>
<td>MEC</td>
<td>medical eligibility criteria</td>
</tr>
<tr>
<td>VAP</td>
<td>visibility, arrangement, and palpability</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Acknowledgments

This course was developed by Jhpiego, an affiliate of Johns Hopkins University, to respond to the growing popularity of implants and in turn, to meet the growing need of family planning trainers and service providers to manage implant-related side effects and conducting implant removals.

Some of the material was adapted from prior publications, including:


This course was drafted by Erica Troncoso, MA and Megan Christofield, MPH. Invaluable contributions to the development and review of this package were provided by Ricky Lu, MD, MPH; Emmah Kariuki, BSN; and Neeta Bhatnagar, MBBS, DGO; with support from Lindsay Breithaupt, MPH and Elaine Charurat, MBA, MHS. Thank you also to those involved in the development and field testing of earlier versions of these materials in Uganda and Kenya.

Gratitude is also extended to the Global Implant Removal Task Force members for their collaborative effort to identify existing best practices and call attention to research and programming gaps for expanding access to quality contraceptive implant removal services. Among the task force’s activities is an effort to identify gaps related to implant removal and develop resources to address these gaps to contribute to greater access to quality implant removal services.

Finally, sincere thanks to the Jhpiego publications staff who directed the copy-editing, formatting, and production of this course.

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Introduction

Contraceptive implant use is quickly growing as a common family planning (FP) method worldwide. This unprecedented growth in the availability and use of contraceptive implants will result in equal growth of the need for implant removals in the near future, based on the 3- to 5-year implant in situ life span. As the method grows in popularity, providers may encounter a greater number of clients who seek follow-up care and support related to implant use, including support for side effect management.

As such, FP providers and, more specifically, implant providers must be prepared to manage follow-up care and removal for the growing number of implant users. While the majority of implant providers were trained during implant services rollout, there were limited opportunities for implant removal practice at that time due to low removal client load. Now, as more and more users age out of their implants or opt to have them removed for any reason, the timing is right to offer a skills update for implant providers.

This skills update was created to update you, a current contraceptive implant provider, in managing implant-related side effects and conducting implant removals. It is relevant for all types of implant products, including Implanon, Implanon NXT/Nexplanon, Jadelle, and Levoplant. You should have some experience performing implant insertions and already have general knowledge of implants, FP counseling, and infection prevention (IP) strategies. As a result, this skills update will help you focus on refreshing skills to manage method-related side effects and conduct implant removals. Though these materials do offer guidance on anticipating varying levels of removal difficulty, they do not include instructions for locating non-palpable implants, which must be achieved using sonography (or X-ray as a second-line approach). (Please refer to the manual for localizing deeply placed contraceptive implants with ultrasound assistance.)¹ Modules 2 and 3 focus on the instructions for removal after implant localization.

The training approach for delivering this clinical skills update is one that minimizes time away from the service delivery site and yet ensures that you, as an implant provider, have the knowledge and skills required to competently offer follow-up care and removal, and the opportunity to gain competency in implant removal with clients.

Overview of the Skills Update Approach

The goal of this course is to update you on the skills for implant side effect management and removal. The content of this course is delivered as a 1-day session either onsite at your work facility or at an offsite location, depending on the number of learners or available client load. The theoretical portion of the training includes short lectures, discussions, role-plays, and simulated practice on models. The second part of the course is the client practice at your service delivery site, supervised by the facilitator or mentor.

This Skills Update for Contraceptive Implant Side Effect Management and Removal includes the following components:

- Implementation Guide
- Facilitator Guide
- Learner Workbook

Course Syllabus

Course Purpose
The purpose of this course is to update you on the skills for implant side effect management and removal.

Course Description
This Skills Update for Contraceptive Implant Side Effect Management and Removal consists of theoretical learning and practice offered at your workplace facility (or offsite location) and facilitator-observed removal on clients. Overall, the course can be completed in 1–2 days, depending on available client load. This course is designed to prepare you to competently manage side effects from contraceptive implants and remove them at the appropriate time or when clients desire it. It consists of two primary modules and one optional module (inclusion determined by facilitator):

- Module 1: Managing the Client Revisit
- Module 2: Conducting Standard Implant Removals
- Module 3: Conducting Difficult Implant Removals (optional)

Module 3 is considered an advanced module and should be reserved for learners who are proficient and confident in standard removals. The facilitators and course organizers may choose to prioritize learner competency in Modules 1 and 2 and not deliver Module 3 at all, or it may be delivered at a later date.

During the course, you will:
- Attend the theoretical learning and practice session at the workplace (or offsite location).
- Practice side effect management with role-plays and removal skills on an arm model.
- Provide implant services to clients with facilitator guidance and supervision.
- Be assessed after demonstrating competency for standard removals in at least two clients.

The calendar timeline in Table 1 is an illustrative example of how the course may be delivered.

Table 1. Sample timeline for skills update

<table>
<thead>
<tr>
<th></th>
<th>Day 1</th>
<th>Optional Day 2</th>
<th>Day 2 (or Day 3 if Module 3 delivered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning session (4 hours)</td>
<td>Module 1</td>
<td>Optional Module 3</td>
<td>Clinical practice if caseload available (Complete self-led practice if clinical practice is not completed within 5 days of the training.)</td>
</tr>
<tr>
<td>Afternoon session (4 hours)</td>
<td>Module 2</td>
<td>Practice different difficult removal scenarios on arm models.</td>
<td></td>
</tr>
</tbody>
</table>

Skills Update for Contraceptive Implant Side Effect Management and Removal: Learner Workbook
Clinical Practice
Depending on whether the training is held in a high- or low-volume facility and on client availability, you should work with the facilitator to either schedule multiple implant removal clients on day 2 or schedule clients at your worksite to demonstrate competency. It is important that this clinical practice occurs right after the theoretical learning and practice part of the training or sooner rather than later if working with a particularly low caseload. If there is a significant amount of time in between the training and clinical practice (more than 5 days), you should complete self-led practice (unsupervised) on the arm model in the same way you practiced on the arm models during the training with the facilitator and your peers. You may borrow the arm models and take them back to your work facility to complete this self-led practice. Care instructions for the arm model are found in Annex F in this workbook.

Please refer to the section below, Building Client Caseload, for more information on scheduling clients.

Building Client Caseload
In some cases, this skills update will be paired with a mobile outreach campaign; a high number of implant clients will be available during this time, and the caseload for the clinical practice can be easily attained.

Building a caseload in a facility setting usually requires using a mobilization strategy because of the typical low numbers of implant removal clients. You may be asked to help build your caseload by doing either or both of the following:

- Book implant clients on specific days.
- Request neighboring facilities to refer all identified cases to the facility on a defined date.

It is critical to consider the client’s needs first and foremost. A training event should never compromise the safety or availability of services for the client. For example, if you wish to book the client for removal at a later date (no more than 5 days from her original request), the client should be allowed to reject this request and receive services from a skilled provider immediately, as available. If the client is willing to delay her removal for a few days, make sure she is well informed and has consented to doing so. Remember, there is always a risk of an implicit power dominance of the provider in this interaction. The provider should be cognizant of this and attempt to mitigate a balance. The client has a right to information and the agency to decide when to receive services if options are available to her. In the situation where the facility does not currently have a functional removal service, rescheduling or referral to the next nearest facility should be done within the training time frame or no more than 5 days from the client’s original request. If there are options for scheduling a client’s removal service, offer all to the client and respect her decision if she does not choose an appointment that coordinates with the client practice training. In any case, speaking with the client about her options and seeking her consent for scheduling her for client practice is the right approach.

Remember, it is important to get consent from the client before making a booking for learning purposes.

Learning Outcomes
After completing this course, you will be able to:

- Reassure clients about side effects and health concerns, including changes in bleeding patterns.
- Counsel and help clients decide on the course of action.
• Clinically manage bleeding pattern changes and other side effects, or make the decision to consult or refer for side effect management.

• Recognize various permutations of implant placement and when to remove onsite or refer due to difficult implant placement.

• Routinely remove correctly positioned implants using the standard technique and apply knowledge of the slight adaptations of implant placement for removal.

• Conduct difficult implant removal using the “Modified U” technique (for selected providers).

**Learning Sites**

The theoretical learning and practice part of this skills update may be delivered at your work site or an offsite location (another health facility or nonfacility site). In either case, you will still need to demonstrate competency on clients within a facility work site. Wherever the theoretical learning session may be, the practice activities are designed to be performed using the Learner Workbook and arm models, which will be provided for you.

Due to the low number or infrequent nature of implant revisit and removal clients, it may be necessary for you to do your clinical practice in a setting that these clients visit more frequently. For example, high-volume facilities and mobile outreach events may be appropriate options where feasible.

**Learning Materials**

The Learner Workbook includes content for all three modules. Included within each module are reference materials to use during the facilitator’s delivery of each module content and a practice session guide for that module. The annex includes job aids, clinical checklists, and case studies for role-play activities.

**Determining Competency**

• **Module 1:** Competency in managing client revisits will be determined by a passing score on the knowledge assessment and assessed during the role-play scenarios. Facilitators may also observe learners with clients, where available.

• **Module 2:** Competency in conducting implant removals will be determined by a passing score on the knowledge assessment and assessed during simulation. Using the arm models with the clinical skills checklist, competency will be assessed with a passing score. Before moving onto clients, learners must demonstrate competency with a minimum of two clients using the clinical skills checklist.

• **Module 3:** Competency in conducting implant removals will be determined by a passing score on the knowledge assessment and assessed during simulation. Determining competency on the Modified U technique must be achieved using the arm models with the clinical skills checklist. Because of the rarity of these cases, there are no clinical practice cases required for competency, but demonstrating competency by completing at least two cases with facilitator observation is strongly recommended.

**Using a Peer Network for Support**

Utilize a local provider network for support through WhatsApp, an online forum, or group email. This is where you will connect with other implant removal providers to ask questions or seek guidance on side effect management and implant removal, even referral, if appropriate. It may also be used to ask the
course facilitator questions and reaffirm key concepts from the training. The training facilitator may create a network of the providers who participated together in the group-based activities, pose a mix of facilitated questions and discussion points, and respond to questions or issues that arise. Where use of WhatsApp or email is not feasible, learners are encouraged to share contacts with one another and the facilitator so that questions can be raised and addressed quickly.

**NOTE:** It is important that the peer network only be used for support and sharing information relevant to FP counseling and implant removals to keep the discussion focused and to better the learning of all learners. This is also important because some case-based, nonidentifying information may be shared and will need to stay confidential among providers.
Module 1. Managing the Client Revisit

Learner Expectations and Learning Outcomes
The content of this module will be taught to you by the facilitator through short, interactive lectures. You will be expected to follow along, using this module section as a guide and reference. The facilitator will engage you with questions, and you should ask any questions of the facilitator that you may have about the content.

The facilitator will demonstrate counseling a client during a revisit with a co-facilitator or volunteer learner. You will then have an opportunity to practice counseling a client through a role-play in small groups of three with your peers using the provided case studies and checklists (Annex B and C). Refer to the practice session guide at the end of this module for instructions on the practice session. While practicing in groups, the facilitator will be available for any questions and will offer feedback as they observes the activity. After sufficient practice, you will demonstrate competency with the facilitator through two assessed role-play case scenarios.

Demonstrating Competency for Client Revisits
For this module, you will be assessed for competency in effective counseling skills via a role-play activity. You will role-play as the provider in two case scenarios, and the facilitator will role-play as the client. The facilitator will evaluate your counseling skills after the role-play using a counseling skills checklist. The checklist has a section for general counseling skills, specific clinical details of the case, and a comments section for overall feedback. The purpose of this assessment is to receive direct feedback on how well you counseled during the revisit. You will practice with your peers during the Module 1 practice session (for about 40 minutes) before being assessed by the facilitator.

After completion of this module, during a client revisit, you will be able to:

- Determine client satisfaction with this method and discuss any questions or concerns they may have.
- Reassure clients about the side effects they experience from contraceptive implant use.
- Discuss with clients any bleeding pattern changes or other side effects and the possible courses of action that can be taken.
- Counsel client to help them make a choice about the course of action.
- Medically manage bleeding pattern changes using the correct course of action and manage other side effects.

Introduction to Managing the Client Revisit
Although no routine return visit is required of a client until it is time to remove her implant, a client may want to report on her experience with contraceptive implants, particularly any side effect(s) she experiences. During this visit, you play a critical role in assisting the client in managing side effects and recognizing any conditions that may indicate the implant should be removed earlier than planned. For example, you can use this opportunity to assess bleeding pattern changes, ask about the development of new health concerns, initiate certain medications, or evaluate significant weight gain.
The Approach to Client Revisits

When a client revisits your facility for follow-up care while using implants, it is important that you offer respectful, nonjudgmental care. You should always respectfully greet the woman, ask her how she is feeling, and ask what issues she is experiencing. Then, assess the woman’s satisfaction with her implant and whether she has any concerns about method use.

Acceptable outcomes of a client revisit include:

- **Client leaves feeling reassured about her implant** and the side effects she is experiencing because you counseled her appropriately and helped her manage the situation.

- **Client leaves satisfied and with a new method** (or with a referral for the new method) because you discussed the situation with her and she determined that a different method would be more appropriate to suit her needs.

- **Client leaves satisfied and with a new implant inserted** (or other method) because she had reached the end of her previous implant’s lifespan and wished to continue preventing unintended pregnancy.

- **Client leaves satisfied without any method** because you have discussed the situation with her, she wishes to stop using contraceptives, and she is aware of her risk of pregnancy.

**NOTE:** Under no circumstance should a woman be forced to keep using the implant if she wishes to have it removed!

Additionally, note that certain client groups may require specialized attention. For example, it is important that adolescent contraceptive implant users are provided with nonjudgmental, confidential care. They should also have a clear understanding of side effects, myths, and misconceptions; they may not feel comfortable asking friends and family about these topics. Reassure them that accessing contraceptive services is confidential.

Re-Examining Client Eligibility

The client revisit is an opportune time to ask the client if she has had any new health problems since her last visit and assess any changes in health status, including drug use, which may change the appropriateness of the implant for safe and effective continued use based on World Health Organization (WHO) medical eligibility criteria (MEC). Use the WHO MEC Quick Reference Chart (Annex A) or the WHO MEC wheel (if available) to determine whether any new medical conditions may require reconsideration or removal of her implant.

**If the woman is experiencing migraines with aura or currently has breast cancer, her implant needs to be removed.** In these cases, counsel her on other (nonhormonal) FP methods she could use if she wishes to prevent unintended pregnancy.

There are two conditions that make women medically eligible but may prompt special consideration:

- **Use of drugs for HIV/AIDS:** Emerging evidence indicates that certain antiretroviral therapy medications—particularly non-nucleoside reverse transcriptase inhibitors, like efavirenz—may interact with contraceptive implants and potentially reduce the efficacy of the implant. However, the level of contraceptive protection implants offer, even among efavirenz-using women, is still

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**higher** than the contraceptive protection offered by most other contraceptive methods. To reduce the chances of unintended pregnancy among women using implants and efavirenz, counsel the client on the benefits of dual protection.

- Weight over 80 kg: Evidence shows that among **two-rod** implant users weighing 80 kg or more, effectiveness may drop slightly, from 0.3 pregnancies per 100 users to 1.1 pregnancies per 100 users. As such, to avoid pregnancy, you may recommend that the client have her implant replaced after 4 (rather than 5) years for maximum effectiveness. Decreased effectiveness in heavier women has not been found in single-rod implant users.

### Using the SOAP Process

Collecting and reviewing a client’s information with the SOAP process is a way to approach the client’s revisit. Using SOAP, you and the client work together to assess her situation and plan a way to proceed that suits her needs. The SOAP process can be used for any client situation (e.g., heavy bleeding, change of method, removal, counseling, or reinsertion). SOAP stands for:

- **Subjective:** Collect information on the situation from the client (through history taking and counseling).
- **Objective:** Collect information on the situation from physical examination, investigation, and/or observation.
- **Assessment:** Review subjective and objective information, and make a conclusion and diagnosis.
- **Plan:** With client, determine strategy to resolve the situation (e.g., treatment, change of method, counseling, or reinsertion). Remember to evaluate a client’s understanding of the plan before she leaves and arrange for follow-up visit if needed/desired.

### Example of Using the SOAP Process

Below is an example of how the SOAP process might be used if a client using implants returns to the facility complaining of heavy bleeding:

**Subjective:**

- Ask when implant(s) was/were inserted.
- Ask what type of implant she has.
- Ask when bleeding pattern changed and to describe the changes in terms of amount, timing, and any other accompanying symptoms, such as cramps, discharge, etc.
- Ask if she had similar bleeding before implant was inserted.
- Ask when she had last normal menstrual period.
- Ask if any implant was expelled.
- Ask about postcoital bleeding.
- Ask about symptoms of pregnancy.

**Objective:**

- Check for signs of pregnancy.
- Palpate to confirm presence of the implant(s).
- If necessary, perform physical and/or pelvic examination to rule out gynecological conditions, such as cervical cancer, abortion, sexually transmitted infection, and pregnancy.

Assessment:
- If there are no significant findings during the subjective and/or objective findings, explain to her that the bleeding is a normal side effect and will likely resolve in a few weeks.

Plan:
- Begin by explaining to the client your findings and her options.
- Ask the client how she wants to proceed.
- If the client wishes to continue using the method, offer one cycle of low-dose combined oral contraceptives (COCs), taken daily, or up to 800 mg of ibuprofen, taken three times a day for 5 days when the heavy bleeding occurs.
- If the client is uncomfortable and wants to change the method and continue preventing unintended pregnancy, remove the implant(s) and counsel her on other available methods for which she is eligible.

Addressing Rumors and Misconceptions of Implant Removal
A misconception is a mistaken interpretation of ideas or information. Rumors are unconfirmed stories that are transferred from one person to another by word of mouth. During the revisit, the client may mention a rumor or myth that she has heard. There can be a variety of reasons for rumors and misconceptions, such as inadequate information, illiteracy, or ignorance. This is an opportune time to correct her misconceptions with truth or fact.

Approaches for Counteracting Rumors and Misconception
Listen to the rumor or misconception.
- When a client mentions a rumor, always listen politely. Do not laugh or react in any way, being especially cognizant of your body language.
- Define what a rumor or misconception is.
- Find out where the rumor came from and talk with the people who started it or repeated it.
- Check whether there is some basis for the rumor.

Explain the facts:
- Use strong scientific facts about FP methods to counteract misinformation.
- Always tell the truth. Never try to hide side effects or problems that might occur with various methods.
- Clarify information with the use of demonstrations and visual aids.
- Give examples of people who are satisfied users of the method (only use names if those people were willing to have their names shared). This kind of personal testimonial is most convincing.
- Reassure the client by examining her and telling her your findings.
- Counsel the client about all available FP methods.
Examples of Rumors and Misconceptions
- Implant removal only happens in a surgical room.
- Implant removal is difficult and complicated.
- Implant removal is very painful.
- Implants sometimes disappear in the body and cannot be found.
- You can keep an implant past the recommended date of removal and not get pregnant.
- You do not need to get the implant removed.

Managing Implant-Related Side Effects
The most frequently reported side effect of contraceptive implants is a change in the menstrual bleeding pattern. Prolonged spotting or irregular bleeding (length varies by more than 7–9 days) is common and expected, commonly seen in clients during the first year of use. Menstrual bleeding that lasts more than twice as long as a normal menses is also a commonly seen side effect in implants users during the first 3–6 months. The first approach for a woman with bleeding irregularities should be counseling and reassurance. It should be explained that in the absence of other causes (e.g., cervicitis or cervical polyp), this type of bleeding is not harmful, even if lasts for several weeks. In most cases, these bleeding irregularities gradually diminish over time, becoming less frequent after 9–12 months.

Management of Irregular Bleeding
Despite the fact that medical treatment for prolonged or irregular bleeding usually is not medically necessary, the inconvenience caused by these changes in bleeding patterns may interfere with the daily and sexual lives of women. Any treatment that can quickly and reliably stop or regulate the bleeding contributes to the comfort and satisfaction of contraceptive implant users. Therefore, you should be sensitive to the importance of treating this problem if counseling and reassurance are not sufficient.

If a woman returns to the clinic complaining of bleeding pattern changes:
- Determine if the bleeding irregularity is due to other reasons (e.g., pregnancy (including ectopic), unsafe abortion, cervicitis, cervical polyp, or other causes).
- If the bleeding is not pregnancy-related or due to other causes, reassure the client that many women using implants experience irregular bleeding, that it is not harmful. Inform her that these prolonged bleeding or spotting episodes usually become lighter and shorter in succeeding months.
- If, after reassurance, the woman is still unhappy with the irregular bleeding but wants to continue using implants, she can try one of the following, beginning when the irregular bleeding starts:
  - For modest, short-term relief, prescribe ibuprofen (or another nonsteroidal anti-inflammatory drug) up to 800 mg, three times daily for 5 days (with food), beginning when the irregular bleeding starts.
  - For a short course (one to three cycles) of COCs, prescribe a low-dose COC (30–35 mcg ethinyl estradiol) once daily for 21 days, beginning when the irregular bleeding starts.

COCs control or stop bleeding by rebuilding the endometrium, while ibuprofen, which blocks prostaglandin synthesis, decreases uterine contractions and blood flow to the endometrium.
It is also possible for a woman to experience amenorrhea, or the absence of monthly bleeding, as a side effect. In this case, first rule out possible pregnancy. Once it is established that she is not pregnant, reassure her that the absence of monthly bleeding is normal and not a sign of a problem with her reproductive system.

**Management of Heavy Bleeding**

If a woman returns to the clinic complaining of heavy bleeding (lasting more than 8 days or twice as much as regular menses) and if the bleeding has not reduced in 3–5 days from the start or is much heavier (one to two pads or cloths per hour):

- Determine whether there are other causes for the uterine bleeding (e.g., pregnancy [including ectopic], unsafe abortion, cervicitis, cervical polyp, or other causes).
- If the heavy bleeding is not due to other causes, reassure the client that some women using implants experience heavy bleeding, it is not harmful, and these menses usually become lighter and shorter in succeeding months.
- For modest, short-term relief, she can try any of the treatments for irregular bleeding above, beginning when the heavy bleeding starts. For immediate relief with heavy bleeding, you may also:
  - Give two low-dose COC pills per day for the remainder of the cycle (at least 3–7 days), followed by one cycle (one pill per day) of COCs.
  - Alternatively (if available), give a 50 mcg ethinyl estradiol-containing COC or 1.25 mg conjugated estrogen for 14–21 days.

**NOTE:** Follow up with the client to be sure that vaginal bleeding has decreased within 3 days.

If COCs or estrogen fail to correct the bleeding problem, the implants may need to be removed for medical reasons (excessive bleeding) or to comply with the client’s wishes. Offer another method until the condition can be evaluated and treated.

If the client experiences anemia due to heavy bleeding, give nutritional advice on the need to increase iron intake. Use oral iron treatment (one tablet containing at least 100 mg elemental iron, ferrous sulfate, daily for 1–3 months) if hemoglobin ≤ 9 g/dL or hematocrit ≤ 27 g/dL.

**Management of Other Side Effects**

Table 2 highlights other possible side effects an implant user might face beyond bleeding pattern changes and appropriate actions for managing these issues.
### Table 2. Other possible side effects of implants

<table>
<thead>
<tr>
<th>Problem</th>
<th>Assessment</th>
<th>Management</th>
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<tbody>
<tr>
<td>Acne</td>
<td>Ask how and how often she cleans her face. Ask if she is under great stress.</td>
<td>In some women, use of implants can make acne worse. Recommend cleaning face twice a day and avoiding use of heavy facial creams. Counsel as appropriate. If condition is not tolerable, help the client choose another (nonhormonal) method.</td>
</tr>
<tr>
<td>Breast fullness or tenderness (mastalgia)</td>
<td>Check breasts for lumps or cysts. Check for discharge or galactorrhea (leakage of milk-like fluid), if not breastfeeding. If she is breastfeeding and breast(s) is/are tender, examine for breast infection.</td>
<td>If physical examination shows lump or discharge suspicious for cancer (e.g., firm, not tender, or fixed and does not change during menstrual cycle), refer to appropriate source for diagnosis. If no abnormality, reassure. If breast(s) is/are not infected, recommend a bra that provides additional support. If breast infection, use warm compresses, advise to continue breastfeeding, and give antibiotics, as appropriate. For any of the above conditions, do not remove implant(s) unless client requests it after counseling.</td>
</tr>
<tr>
<td>Chest pain (especially if it occurs with exercise)</td>
<td>Assess for possible cardiovascular disease. Also, check blood pressure (BP) and heart for irregular beats (arrhythmias).</td>
<td>If evidence for cardiovascular disease, refer for further evaluation. Low-dose progestin does not increase the risk of cardiovascular disease, so removal of implants is not necessary unless the client requests it.</td>
</tr>
<tr>
<td>Depression (mood changes or loss of interest in sex)</td>
<td>Discuss changes in mood or interest in sex.</td>
<td>Depression or loss of interest in sex may be associated with progestin, so if the client thinks her depression has worsened while using implants, help her choose another method.</td>
</tr>
<tr>
<td>High BP (&gt; 160/100 mmhg)</td>
<td>Ask if this is the first time anyone has told her that she has high BP. Ideally, ask the client to return in 24 hours and repeat BP reading. If unable to return, ask client to lie down and rest in a quiet area, and then reassess BP in 30 minutes.</td>
<td>Counsel client that a mild increase in BP (&lt; 160/100 mmhg) does not require removal of implants unless she requests it. If requested, help the client choose another method. In addition, tell her that high BP usually returns to normal within 1–3 months. Take BP monthly to be sure it returns to normal. If it has not returned to normal after 3 months, refer for further evaluation. If BP &gt; 160/100 mmhg or she has arterial vascular problems (e.g., heart attack, stroke, kidney failure, or retinopathy), the implants should be removed. Help her choose another method.</td>
</tr>
<tr>
<td>Excess hair growth (hirsutism) or hair loss</td>
<td>Review history before and after insertion.</td>
<td>Pre-existing conditions, such as excess facial or body hair, might be worsened by use of implants. Changes usually are not excessive, may improve over time, and do not require implant removal unless client requests it after counseling.</td>
</tr>
<tr>
<td>Headache</td>
<td>Ask if there has been a change in pattern or severity of headaches since insertion of implants.</td>
<td>If headaches are mild or moderate and without aura, treat with analgesics and reassure. Re-evaluate after 1 month if mild headaches persist.</td>
</tr>
<tr>
<td>Problem</td>
<td>Assessment</td>
<td>Management</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Migraine with aura (also known as headache with visual and/or auditory effects)</td>
<td>Ask if there has been a change in pattern or severity of headaches since insertion of implants.</td>
<td>If headaches are preceded or accompanied by aura, and/or with numbness or tingling, loss of speech, visual changes, or blurred vision, remove implants and help client choose another (nonhormonal) method.</td>
</tr>
<tr>
<td>Jaundice</td>
<td>Acute jaundice occurring after insertion is not method related. Check for active liver disease (hepatitis), gallbladder disease, and benign or malignant liver tumors.</td>
<td>Limited studies suggest no significant elevation of liver enzymes due to implant use. Further medical evaluation is recommended to rule out liver and/or gallbladder disease.</td>
</tr>
<tr>
<td>Nausea/dizziness/vomiting</td>
<td>Check for pregnancy by checking symptoms, performing a pelvic examination (speculum and bimanual), and a performing pregnancy test (if indicated and available).</td>
<td>If not pregnant, reassure that this is not a serious problem and usually disappears with time.</td>
</tr>
<tr>
<td>Thromboembolic disorders (including blood clots in legs, lungs, or eyes)</td>
<td>Assess for active blood clotting problem.</td>
<td>Contraceptive implants do not increase the risk of blood clotting problems, so remove rods only at client’s request. If there is strong evidence of blood clotting disorder, refer for further evaluation.</td>
</tr>
<tr>
<td>Weight change</td>
<td>Review history before and after insertion.</td>
<td>Review diet and counsel as needed. While a contraceptive user’s weight can play a role in the method’s effectiveness, it is crucial to highlight that even with reduced efficacy among overweight women in the final year, implants still provide better pregnancy protection than most other contraceptive methods. Significant weight gain may indicate that her implants should be replaced a year early if she wishes to maximize the efficiency of the implant method.</td>
</tr>
</tbody>
</table>

**Insertion-Related Reasons That May Lead to Revisits**

In some instances, clients will return to the facility because of an event related to the insertion. For example, she could have had an infection develop at the site of insertion, or a rod may have expelled or partially expelled. While these are not side effects, clients may (and should) return to the facility if they experience these events, and you should be prepared to manage these situations. Table 3 explains how to manage these events.
### Table 3. Managing insertion-related situations

<table>
<thead>
<tr>
<th>Problem</th>
<th>Assessment</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod coming out</td>
<td>Check for partial or complete expulsion of rod(s).</td>
<td>Remove partially expelled rod. If using the two-rod system, check to determine if remaining rod is in place.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If area of insertion is not infected (no pain, heat, and redness), replace with new rod(s).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If area of insertion is infected: Care for the infection. Remove rods completely and insert a new set in the other arm, or help the client choose another method.</td>
</tr>
<tr>
<td>Infection at insertion site</td>
<td>Check area of insertion for infection (pain, heat, and redness), pus, or abscess.</td>
<td>If infection (not abscess), wash area with soap and water; apply a new, clean bandage; and give appropriate oral antibiotic for 7 days. Do not remove rod(s). Ask client to return after 1 week. If no improvement, remove rods completely and insert a new set in the other arm, or help client choose another method.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If abscess, prep with antiseptic, incise and drain, remove rods, perform daily wound care, give oral antibiotics for 7 days, and insert new set in the other arm or help client choose another method.</td>
</tr>
<tr>
<td>Numbness or pain in arm</td>
<td>Check area of insertion for signs of infection or other sources of numbness. Palpate near insertion site to determine if rod could have been placed incorrectly.</td>
<td>If infection or other causes of pain or numbness have been ruled out, the cause could be incorrect placement of the implant(s). Palpation may also help to identify incorrect placement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Placement too close to the nerve or within the muscle can cause discomfort that may not resolve. The client should be referred to a surgeon for implant removal, due to proximity to neurovascular bundle. If she would like a new implant(s), it can be inserted into the other arm.</td>
</tr>
</tbody>
</table>

Now you are ready for skills practice!
Module 1. Learner Practice Session Guide

**Duration:** About 40 minutes (together or broken into smaller sessions)

**Topic:** Managing Client Revisits

**Session Objectives:** By the end of this session, you will be able to:
1. Correctly reconfirm client’s eligibility to continue using implants.
2. Use the SOAP process to assess and plan for managing implant side effects.
3. Use the correct course of action to treat bleeding pattern changes.

**Setup:**
1. Practice in teams of two to three. Each learner takes a turn.
2. Have the MEC wheel or chart, role-play scenarios, and role-play observation checklists available for reference. These can be found in Annex A and B of this Learner Workbook.

**Resources:**
- MEC wheel or chart (Annex A)
- Role-play scenarios (Annex B)
- Role-play observation checklists (Annex B)

**Methods and Activities**

**Activity:** Practice managing revisits for clients who return with a side effect or other concern due to using contraception implants. In this activity, you will work together and practice with your peers.

**Background:** Some clients who revisit the facility while using implants come because they are experiencing side effects with the method and are seeking support, whether this means reassuring them and treating side effects or removing the implant(s) and switching to a different method. Others revisit because they are satisfied but would like the implant removed because it has reached its end of effectiveness or because they wish to become pregnant. In these practice sessions, you will demonstrate and refine your skills in managing these scenarios through role-plays.

**Practice Activity:** Perform the following steps:
1. Read the instructions from Annex B about why we conduct role-plays.
2. Get into groups of three and choose who will play the role of client, provider, or observer first (each learner will play each role during the activity). Make sure you have copies of the quick-start instructions for the client, provider, and observer roles. If only two people are available, then the person who is playing the client role can also serve as the observer.
3. There are two role-play scenarios in Annex B. Starting with role-play #1:
   a. The client needs a copy of the scenario information sheet that includes the client description and responses to share with the provider.
   b. The “observer” needs the scenario information sheet describing the case-specific issues they should watch for and a Role-Play Observation Checklist.
   c. Clients and observers should not to share any information about the role-play with the person who is playing the provider.
4. Take about 10 minutes to conduct role-play #1. During this time, the observer should mark the provider’s performance on the Role-Play Observation Checklist for role-play #1. If you are practicing as only two people, then the person who is playing the role of the client should also use this checklist.
5. After the role-play is complete, take at least 5 minutes to talk about what happened during the role-play:
   a. From the perspective of the one who was playing the provider, what do you think went well? What did not go well?
   b. From the perspective of the one who was playing the client, did you feel that your needs were met? What could have been done differently?
   c. From the perspective of the one who was playing the observer, using the Role-Play Observation Checklist, discuss the interaction. Were all criteria met? What could have been done better?

6. Rotate roles and substitute the next role-play (#2). Again, the observer should mark the provider’s performance using the Role-Play Observation Checklist.

7. Complete the activity again. After you have completed at least three rounds of role-plays (each team member has had an opportunity to play each role once), have a discussion using the following questions:

   While playing the role of the provider:
   a. How did it feel to integrate new content, techniques, and job aids into your interaction?
   b. What worked well? What still feels awkward and requires more practice?
   c. Did the client raise issues or questions that you did not know how to answer?

   While playing the role of the client:
   a. Did the provider adequately address your main reason for coming to the clinic?
   b. Were you able to understand and use the information the provider gave you?
   c. Did the provider address all of your concerns?
   d. Were you comfortable asking questions?
   e. After being a client, what changes will you make the next time you role-play the provider?

   While playing the role of the observer:
   a. Did the provider create a comfortable environment? Did the provider build adequate rapport with his/her client?
   b. Can you share some examples of interesting interactions and creative solutions that you observed in the role-plays?

   **Key Points:**
   - Clients sometimes require reassurance from a provider to understand that the side effects they are experiencing are normal and will likely resolve.
   - Revisits are an opportune time to assess continued eligibility for implants by asking about any new health conditions that the woman may have experienced.

   Your role, as the provider, is to work together with the client to assess the situation and make a plan for how to proceed.

   **Session Evaluation (what worked/what did not, modifications for next session, etc.):**
Module 2. Conducting Standard Implant Removals

Learner Expectations and Learning Outcomes
The facilitator will teach the content of this module via short, interactive lectures. You will be expected to follow along, using this module section as a guide and reference. The facilitator will engage you with questions, and you should ask the facilitator any questions you may have about the content.

The facilitator will demonstrate a standard removal on the arm model, and then you will have an opportunity to practice standard implant removals with your peers using an arm model and the clinical checklist (Annex C). While practicing in groups, the facilitator will be available for any questions and will offer feedback as they observe the activity. After sufficient practice, you will demonstrate competency on the model arm, observed by the facilitator using the checklist, before working with clients.

After completion of this module, you will be able to:
- Provide pre-removal counseling with respect and care, answer any questions the woman may have, and ensure she understands the removal process.
- Recognize the variations of implant placement according to visibility, arrangement, and palpability (VAP), and correctly assess whether it is a standard or difficult removal.
- Routinely remove correctly positioned implants using the standard removal technique.
- Apply knowledge of the slight variations of implant placement for successful removal.

Introduction to Conducting Standard Implant Removals
Removal of contraceptive implants can be done at any time. You need to work gently, carefully, and patiently when removing the rod(s). Notably, correct insertion—with the implant rod(s) placed subdermally and properly spaced when there are two rods—makes the removal procedure much easier. Use of the recommended IP practices is essential to minimize post-removal infections and the risk of disease transmission.

Difficulty removing rods can be anticipated using the VAP guidance below. While various levels of health workers (physicians, nurses, midwives, etc.) can be trained to insert and remove contraceptive implants, a provider skilled in removal should be consulted if difficulty removing the rods is anticipated. In this way, you can determine what additional supplies or techniques you may need, or, if appropriate, you can refer the client for the removal to a more experienced provider in difficult implant removals. The content in Module 2 addresses the standard removal of implants that are easily visible and palpable.

Pre-Removal Considerations
Pre-Removal Counseling
Before removing the implant(s), talk with the client about her reason for removal and answer any questions she has. Ask the client about her present reproductive goals (e.g., Does she want to continue preventing unintended pregnancy? Is she hoping to become pregnant again?). If she wants to continue FP, ask if she wants another contraceptive implant or a different method and provide that method for her. Briefly describe the removal process and what she can expect during and after the removal. Refer to the SOAP process in Module 1 for more guidance on counseling for FP.
Using the VAP System to Anticipate the Difficulty of Removal

Use the modified VAP system to assess whether the removal will be standard or difficult. This is a tool to support your assessment, helping to determine your comfort level and guide your plan for removal. Each provider will have different levels of difficulty that they will feel confident managing. For experienced providers, this system may also help determine which technique to use for removal. The techniques include standard removal (described below in this module) and Modified U removal (described in Module 3). Clinical skills checklists and job aids for each type of removal are located in Annex C and D, respectively. Given that clinicians have varying degrees of experience in removal, this system can help alert you to a potentially difficult removal, saving time and preventing adversities for clients and providers alike. If you anticipate a difficult removal, ensure that an experienced provider can be present at the time of removal or an appropriate referral can be made. (NOTE: The VAP system cannot predict variables, such as the density of the subcutaneous fibrous tissue sheath or a removal that becomes difficult during the procedure.)

To use the VAP system, visualize and palpate the rod(s), and use Table 4 to determine the difficulty level for each condition. In general, a score of 1 indicates the removal will be easier, while a score of 3 indicates that the removal could be difficult and may require referral.

The VAP system prioritizes palpability. This is your main cue to whether it will be a standard or difficult removal. Note that in all cases where the rods are impalpable, the removal will be difficult, and rods must be located before removal. Do not attempt at surgery to blindly explore for the rod(s).

Table 4. Visibility, palpability, and arrangement system

<table>
<thead>
<tr>
<th>Difficulty Level/Score</th>
<th>Visibility</th>
<th>Palpability</th>
<th>Arrangement (two-rod implants only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rod(s) easily visible</td>
<td>Rod(s) visible with moderate pressure on skin</td>
<td>Rod(s) not palpable, even with deep palpation</td>
</tr>
<tr>
<td>Visibility</td>
<td>Rod(s) visible with moderate pressure on skin</td>
<td>Rod(s) palpable, but skin manipulation and moderate pressure required</td>
<td>V-shaped arrangement</td>
</tr>
<tr>
<td>Score</td>
<td>Rod(s) difficult to see or cannot be seen, even with moderate pressure</td>
<td>Rod(s) not palpable, even with deep palpation</td>
<td>V-shaped arrangement, but with one rod placed farther from the elbow fold</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-V-shaped arrangement (e.g., parallel rods)</td>
</tr>
<tr>
<td>Visiblity Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpability Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrangement Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tip: To make locating the rods easier, moisten your fingertips with a small amount of soapy water or antiseptic solution. This decreases friction between your fingertips and the client’s skin, and allows the rods to be more easily felt.

Single-Rod Scoring:

- If the scores for a single rod in visibility and palpability are 1 or 2, you may proceed with a standard removal technique.

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3 Adapted from Blumenthal, P.D. et al. Usefulness of a clinical scoring system to anticipate difficulty of Norplant Removal. Advances in Contraception, 1995; 11: 345-352.
If the scores for a single rod in visibility and palpability are 3, removal would be considered difficult. Based on your clinical confidence and experience, use the Modified U technique (described in Module 3) to remove the implant or refer the client to a provider experienced in difficult removals.

NOTE: If the implant is non-palpable, or the score for palpability = 3, you must definitively localize the implant before any removal attempt. Refer to Module 3 for more guidance on removal of non-palpable implants.

Two-Rod Scoring:
Determine the score for each rod using the visibility and palpability score and guidance above. If either of the rods are anticipated as a difficult removal, proceed with the recommended approach for both implants. In addition, determining the arrangement of the rods will be necessary before deciding on your approach and incision site. The incision site for two rods is determined by arrangement of the rods. Once you palpate both rods, identify where the rods are closest together and mark this as your incision site.

Implant Removals That Become Difficult
It is possible that an implant removal may become difficult as you perform the procedure. While using any technique, a removal will be considered difficult if the client feels any nerve pain or if the rods are not removed within 30 minutes. In both of these situations, stop the procedure, close the incision properly, and refer the client to a provider experienced in difficult removals.

Standard Implant Removal Technique
Preparation for Standard Removal
It is important that the instruments and other items are sterilized or high-level disinfected in accordance with IP practices. The following items are needed for removal (also pictured in Figure 1):
- Examining table for the woman to lie on (optional; not pictured)
- Arm support or side table (optional; not pictured)
- Soap for washing the arm (not pictured)
- Pen or marker (not pictured)
- Antiseptic solution with bowl
- Sterile gloves
- Sterile drape
- Local anesthetic (1% concentration with or without epinephrine)
- Syringe with needle
- Scalpel with #15 or #11 blade
- Curved mosquito forceps
- Straight mosquito forceps
- Sterile gauze
- Band-Aid or sterile skin closure
- Pressure bandage (elastic or gauze)

**Figure 1. Instruments and supplies for removal**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Antiseptic solution with bowl</td>
</tr>
<tr>
<td>6.</td>
<td>Sterile gloves</td>
</tr>
<tr>
<td>7.</td>
<td>Sterile drape</td>
</tr>
<tr>
<td>8.</td>
<td>Local anesthetic (1% concentration with or without epinephrine)</td>
</tr>
<tr>
<td>9.</td>
<td>Syringe</td>
</tr>
<tr>
<td>10.</td>
<td>Scalpel</td>
</tr>
<tr>
<td>11.</td>
<td>Curved mosquito forceps</td>
</tr>
<tr>
<td>12.</td>
<td>Straight mosquito forceps</td>
</tr>
<tr>
<td>13.</td>
<td>Sterile gauze</td>
</tr>
<tr>
<td>14.</td>
<td>Band-Aid or sterile skin closure</td>
</tr>
<tr>
<td>15.</td>
<td>Pressure bandage</td>
</tr>
</tbody>
</table>

**Step-by-Step Instructions for a Standard Removal of Implant Rod(s)**

Refer to Standard Removal Job Aid in Annex D.

**Getting Ready**

**Step 1:** Before starting the procedure, check to be certain that the client is not allergic to antiseptic solutions or local anesthetics.

**Step 2:** Check to be sure that the client has washed her entire arm with soap and water, and rinsed it thoroughly, being sure to remove all traces of soap. (Residual soap decreases the effectiveness of some antiseptics.) This step is particularly important when client hygiene is poor.

**Step 3:** Help position the client on the table. Ask her to lie on her back so that the arm with the rods rests on the table or arm support. Position her arm so it is extended and bent 90 degrees at the elbow with the palm facing up. Her arm should be well supported and in a comfortable position.
**Step 4:** Place a clean, dry cloth under her arm.

**Step 5:** Wash your hands with soap and water. Dry them using a single-use towel or air dry. Alcohol rub can also be used in between each client (though it is advised to wash with soap and water after three uses).

**Step 6:** Confirm the location of the rod(s) by palpation (Figure 2 below). To gauge where to make the incision, palpate the ends of the rod(s).

**Step 7:** Mark the location of the distal end of the rod(s) using a pen or marker. This will be the incision site. If an antiseptic containing alcohol will be used to prep the arm, a pen with permanent ink must be used.

A note on two-rod arrangement: Ideally, rods are placed in a “V” shape, as shown in Figure 4, so they are easily accessed during removal using just one incision at the base of the V, in between the distal ends of the rods, and first removing the rod that is nearest to the incision. In some cases where one rod is much further from the other or in a parallel configuration (arrangement score of 2 or 3 using VAP), find the point between the rods where they are closest.
together. This is where you should make your incision and then remove the rods through this single incision.

**Step 8:** Wash your hands thoroughly. Dry them with a single-use towel or air dry.

**Step 9:** Put on sterile gloves using the no-touch technique.

**Step 10:** Prepare the instrument tray, arranging the sterile instruments and supplies.

### Removing the Implant(s)

**Step 1:** Prepare the incision site with antiseptic by wiping twice in a circular motion. Let dry for about 2 minutes. Drape incision site with clean or sterile surgical drape, such as a center “O” drape. Alternatively, place a clean drape around the incision site.

**Step 2:** At the marked incision site, anesthetize the area with 1 mL of 1% lidocaine. Inject the local anesthetic underneath the implant to keep the implant close to the skin surface. Anesthetic applied over the rods makes them difficult to palpate. Be cautious to not add more than 1 mL initially; a larger amount of anesthetic could obscure the palpability, thus the location of the implant, and the removal could subsequently be made difficult. **NOTE:** Before making an incision, check that the anesthetic has taken effect by testing with a forceps tip.

**Step 3:** Push down on the proximal end of the implant to stabilize it; a bulge may appear, indicating the distal end of the implant. Starting at the distal tip of the implant, make a longitudinal incision of 2 mm toward the elbow, deep enough to expose the rod.

**Step 4:** Gently push the implant toward the incision until the tip is visible. Grasp the implant with curved mosquito forceps and gently remove the implant. If a two-rod system, remove one at a time.

- **Step 4a:** If the tip of the implant does not become visible in the incision, insert a forceps tip into the incision, grasp the implant, and remove fibrous tissue with the back of a scalpel blade or gauze.
- **Step 4b:** After implant is exposed, grasp it with a second pair of mosquito forceps and gently remove it.

**Step 5:** Confirm that the entire implant, which is 4/4.3 cm long, has been removed by measuring its length. If a partial implant (less than 4/4.3 cm) is removed, the remaining piece should be removed. Show the client the fully removed implant(s) (optional). Inform her that the fibrous tissues may still be felt after the wound has healed and that this is not something to be concerned about.

**Step 6:** If removing two-rod implants, repeat the procedure for the second rod starting from step 2.

### Closing the Incision

**Step 1:** Apply pressure to the incision with gauze to stop any bleeding.

**Step 2:** If the client did not request another implant, clean the area around the incision with the antiseptic solution using a gauze swab and proceed to the next step. If the client requested another implant, you may insert a new implant through the same incision. Refer to the Follow-On Contraception section below for more guidance.

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4 Two-rod implants are 4.3 cm. One-rod implants are 4 cm.
Step 3: Bring the edges of incision together and close with a Band-Aid or sterile gauze secured with surgical tape.

Step 4: Apply pressure bandage dressing to minimize bleeding and bruising. Tell the client to keep the area clean and dry. Inform the client to come back if the bleeding does not subside and the bandage becomes soiled with blood.

Step 5: Instruct the client to remove the pressure bandage after 48 hours and remove the Band-Aid after the incision heals (about 3–5 days).

Client Care after Removal

- Place a note in the client’s record indicating the date of removal and specifying any abnormalities that may have occurred during removal (e.g., implant removal became slightly difficult due to too much anesthetic or the incision made was 4 mm).
- Instruct the client about wound care:
  - Keep the area around the insertion site dry and clean for at least 48 hours. The incision could become infected if the area gets wet.
  - Leave the gauze pressure bandage in place for 48 hours and the Band-Aid or surgical tape in place until the incision heals (about 3–5 days).
  - There may be bruising, swelling, or tenderness at the insertion site for a few days. If the client experiences pain after removal, she may use ibuprofen (200–400 mg), paracetamol (325–1,000 mg), aspirin (325–650 mg), or other pain reliever for relief.
  - Routine physical work can be done immediately. Tell her to avoid bumping the area, carrying heavy loads, or applying unusual pressure to the site for about 1 week.
  - After healing, the area can be touched and washed with normal pressure.
  - The fibrous tissue that surrounded the rods may be felt for some time after the removal. This sensation will disappear within a few months.
  - Instruct the client that a follow-up visit is not necessary, but she may return to the facility at any time if she needs medical support. If signs of infection develop, such as inflammation (redness plus heat and increased tenderness), pus develops at the site, or there is persistent arm pain for several days, she should return to the clinic.
- Observe the client for at least 15–20 minutes after the removal. Check for excessive bleeding from the incision and ask how she feels before sending her home. She should be given written, post-removal wound care instructions if available and appropriate.
Follow-On Contraception

If the client wants to continue using contraceptive implants, a new implant can be inserted at the time the current one is removed. The rod(s) may be placed through the incision used for removal and inserted in the same general direction or track as the previous set. In the unlikely event that the removal site is unsuitable or at the client’s request, the new set can be inserted in the other arm.

It is important to consider IP when removing and inserting follow-on implants. To reduce the risk of infection after completing the removal procedure, cover the incision with a sterile gauze pad and then follow these steps:

- Clean instruments, gloves, and other items (more guidance below).
- Dispose of waste materials (more guidance below).
- Remove gloves and wash hands thoroughly with soap and water.
- Put on a new pair of sterile gloves.
- Prep the incision area with antiseptic again.
- Put a clean drape on the arm (if required).

**NOTE:** Additional anesthetic will be needed for the insertion.

Waste Disposal and Decontamination

Waste disposal and equipment decontamination should be carried out within the institutional framework of IP guidelines. IP is an important aspect of ensuring quality care in service delivery.

- Before removing gloves, dispose of the syringe with needle attached and the scalpel blades in the safety box or puncture-proof container.
- After the procedure is over, wipe any blood and body fluids on the reusable surgical instruments using a piece of wet gauze and plain water. Clean reusable instruments and equipment within 30 minutes of procedure following the cleaning guidelines.
- For some reasons, if instruments cannot be cleaned within 30 minutes, soak them in enzymatic detergent solution of plain water. If instruments need to be transported to a central cleaning area, cover them with a wet towel to avoid splashing during transportation.
• The surgical drape (if used) must be washed and sterilized before reuse. Place in a dry, covered container and remove to the designated washing area.

• While still wearing gloves, place all contaminated objects (gauze, cotton, and other waste items) in a properly marked, leakproof container with a tight-fitting lid or in a plastic bag.

• Remove gloves by turning inside out.

• Dispose of gloves by placing them in a leakproof container or plastic bag.

• Wash hands thoroughly with soap and water. Dry with a clean, dry single-use cloth or air dry.

• Dispose of all waste materials by appropriately segregating them and placing in appropriate container (e.g., sharp boxes, contaminated waste, pathological waste, general municipal waste).

Now you are ready to practice!
Module 2. Learner Practice Session Guide

Duration: 1–2 hours (together or broken into shorter sessions)

Topic: Conducting Standard Implant Removals

Session Objectives: By the end of this session, you will be able to:
1. Use VAP score to anticipate level of implant removal difficulty.
2. Prepare for standard implant removal.
3. Conduct standard implant removal on arm model using clinical skills checklist.
4. Apply proper techniques for IP and disposal of waste.

Setup:
1. Practice in teams of at least two if possible. Take turns as provider and observer. If only alone, practice individually, marking the checklist as you go.
2. Set up the arm models. Gather the equipment and supplies necessary for an implant removal.
3. Have a copy of the clinical skills checklist (Annex C) and job aid (Annex D) ready.

Resources:
- Arm model
- Implant rod(s)
- Equipment and supplies for implant removal
- Clinical skills checklist (Annex C)
- Implant removal job aids (Annex D)

Methods and Activities

Activity: Practice conducting implant removals on the arm model.

Guidance for practice: Work gently, carefully, and patiently when removing the rods. In these practice sessions, you will demonstrate and refine your skills in identifying removal difficulty and conducting standard implant removals using the arm model.

Practice Activity: Perform the following steps:
1. Identify who will play the role of provider and who will act as observer.
2. The observer must have a copy of the checklist and should familiarize him or herself with the steps that they will be required to observe.
3. The provider should use this opportunity to simulate a real implant removal (including simulated provision of anesthetic) on the training arm, while the observer uses the checklist to evaluate the provider’s performance. The observer may stop and coach as needed so the provider does not continue incorrect actions. Give guidance in a friendly and constructive manner.
4. After the procedure is complete, review the checklist together and take a few minutes to talk about what happened during the procedure from the perspective of the provider (self-assessment) and the observer (objective assessment using the checklist).
5. Rotate roles. Again, the observer should evaluate the provider’s performance using the checklist.
6. Complete the activity again.
7. You have completed this activity when each team member has had an opportunity to play each role twice or whenever competency with the checklist is achieved.

The facilitator will be available during this practice session, offering feedback and answering any questions as they arise.
<table>
<thead>
<tr>
<th>Methods and Activities</th>
</tr>
</thead>
</table>

**Key Point**
- Remove implants gently, carefully, and patiently.
- Palpate the location of each rod and mark it with pen.
- Inject small amount of local anesthetic (1 mL) under the distal rod end (near to original incision site).
- If rods are positioned correctly, only a small incision (2 mm) is needed. If removing two rods, remove the rod nearest to incision first.

**Session Evaluation** (what worked/what did not, modifications for next session, etc.):

Once you have achieved competency in implant removal using the arm model (having been assessed using the skills checklist on the simulation arm), work with your facilitator to schedule a time to work with clients. You may have greater chance of getting a removal client if coordinating with FP outreach events.
Module 3. Conducting Difficult Implant Removals (Optional)

Learner Expectations and Learning Outcomes
The facilitator will teach the content of this module via short, interactive lectures. You will be expected to follow along, using this module section as a guide and reference. The facilitator will engage you with questions, and you should ask the facilitator any questions you may have about the content.

The facilitator will demonstrate a difficult implant removal using the Modified U technique, and then you will then have an opportunity to practice difficult removals with your peers using an arm model and the clinical checklist (Annex C). While practicing in groups, the facilitator will be available for any questions and will offer feedback as they observes the activity. After sufficient practice, you will demonstrate competency on the model arm, observed by the facilitator using the checklist, before working with clients.

After completion of this module, you will be able to:

- Provide pre-removal counseling with respect and care, answer any questions the woman may have, and ensure she understands the removal process.
- Recognize the variations of implant placement according to VAP and correctly assess what type of difficult removal is possible.
- Remove deeply positioned implants using the Modified U technique.
- Apply knowledge of the variations of difficult implant placement for successful removal.

Implant Removal Using the Modified U Technique

Preparation for Modified U Removal
When a client presents with a deep implant, you should still screen the client through history taking, examine the client’s notes, and use the VAP system to identify the features that are likely to make the removal difficult. This/these rod(s) may be deeply palpable (using increased pressure) or entirely non-palpable. If the rod(s) cannot be felt at all, confirm with another experienced provider in the facility. If both of you have failed to locate the rod(s), first refer the client for ultrasound localization. Ultrasound is able to confirm both depth and position of any type of rod(s). Ultrasound is preferred to over X-ray because X-ray only works with the radiopaque implant brands, Nexplanon and Jadelle. Additionally, it cannot determine the depth of implant. The rod(s) must be definitively localized by imaging or through deep palpation before an experienced provider proceeds with the difficult removal. If you are not able to accompany a client to the imaging suite, make sure sonographer or radiologist marks the location of both ends of the implant on the arm with a marker that will not come off the skin easily. Tell the client not to smudge or wash the markings off until she returns to you for the removal procedure.
Removal Technique

The Modified U technique is used to remove located and deeply palpable rod(s) or non-palpable rod(s) that have not been located. **Do not attempt removal before localization.** You will use the standard removal equipment with an additional modified vasectomy forceps to grasp the implant from within the incision (the ringed tip is 2.2 mm wide, fitting snugly around the width of the implant). Another difference from the standard removal technique is that the incision is made over the center of the implant’s shaft, as opposed to its distal end. Lifting the rod from its center will subsequently create an upside down, U-shaped loop during removal. If the client feels any nerve pain during the removal, stop and refer to the client to a surgeon for removal.

Supplies necessary:

- Equipment pack for standard removals (see page 20 of this document)
- Modified vasectomy forceps (Figure 5)

Step-by-Step Instructions for Modified U Removal Technique of Implant Rod(s)

Refer to Annex D for job aid.

Getting Ready

Step 1: Before staring the procedure, check to be certain the client is not allergic to antiseptic solutions or local anesthesia.

Step 2: Check to be sure the client has washed her entire arm with soap and water and rinsed it thoroughly, being sure to remove all traces of soap (residual soap decreases the effectiveness of some antiseptics). This is particularly important when client hygiene is poor.

Step 3: Help position the client on the table. Ask her to lie on her back so that the arm with the rods rests on the table or arm support. Position her arm so it is extended and bent 90 degrees at the elbow with the palm facing up. Her arm should be well supported and in a comfortable position.

Step 4: Place a clean, dry cloth under her arm.

Step 5: Wash your hands with soap and water. Dry them using a single-use towel or air dry. Alcohol rub can also be used in between each client (though it is advised to wash with soap and water after three uses).
Step 6: Confirm the location of the rod(s). For single rods that are deeply palpable, mark the two ends of the implant and the center point as the incision site. Use a waterproof marker that will not be washed away by the antiseptic. If a non-palpable implant has been localized using an imaging modality, its location should be identified by markings on the skin. Place the arm in the exact position it was when the implant was localized and marked. Mark the center point between these two end marks as the incision site.

A note on two-rod arrangement: Ideally, rods are placed in a “V” shape (see Figure 6), and thus can be accessed during the Modified U technique using just one incision one-third of the way in from the base of the V and in between the two rods. However, in some cases, when one rod is much farther from the other or in a parallel configuration (arrangement score of 2 or 3 using VAP), find the point between the rods where they are closest together. This is where you should make your incision and then remove the rods through the same incision.

Step 7: Wash your hands thoroughly. Dry them with a single-use towel or air dry.

Step 8: Using the no-touch technique, put on a pair of sterile gloves.

Step 9: Prepare the instrument tray, adding the modified vasectomy forceps. Arrange the sterile instruments and supplies.

Removing the Rod(s)

Step 1: Prepare the incision site with antiseptic by wiping twice in a circular motion. Let dry for about 2 minutes. Drape incision site with clean or sterile surgical drape, such as a center “O” drape. Alternatively, place a clean drape over the lower part of the arm.

Step 2: At the marked incision site, inject 1.5 mL of 1% lidocaine down to the implant and in the area of planned dissection.

Step 3: Make a 4 mm longitudinal incision (in the same direction of the implant) above the middle of the implant. Bluntly dissect the tissue with straight or mosquito forceps down to the implant.

Step 4: After reaching the implant, use the modified vasectomy forceps to reach perpendicularly into the incision and grasp around the implant. Once the implant is within the ring of the forceps, lift it up and out of the incision. To help stabilize the implant in this step, you may press firmly with your other hand on the proximal end of the implant.

Step 5: Use gauze (sharp dissecting forceps, mosquito forceps, or the back of a scalpel blade may also be used) to dissect off the fibrous tissue formed around the implant.

Step 6: Pull the implant out from where it is exposed with a second pair of forceps.

Step 7. If removing a two-rod implant, repeat steps 2.4 to 2.6 for the second rod.
Closing the Incision

Step 1: Apply pressure to the incision with gauze to stop any bleeding.

Step 2: Clean the area with the antiseptic solution using a gauze swab and proceed to the next step. If the client requested another implant, you may insert a new implant in the other arm or more than 1 cm away from the removal site. **NOTE:** Reinsertion through the same incision site may cause a reinsertion along the same deep placement track.

Step 3: Bring the edges of incision together and close with a Band-Aid or sterile gauze secured with a surgical tape. A suture may be used if necessary.

Step 4: Apply pressure bandage dressing to minimize bleeding and bruising. Tell the client to keep the area clean and dry. Inform the client to come back if the bleeding does not subside and the bandage becomes soiled with blood.

Step 5: Instruct the client to remove the gauze after 48 hours and remove the Band Aid after the incision heals (about 3–5 days).

Client Care after Removal

- Place a note in the client’s record indicating the date of removal and specifying any abnormalities that may have occurred during removal (e.g., the incision made was greater than 4 mm or the rod(s) was/were found broken).

- Instruct the client about wound care:
  - Keep the area around the insertion site dry and clean for at least 48 hours. The incision could become infected if the area gets wet.
  - Leave the gauze pressure bandage in place for 48 hours and the skin closure bandage or surgical tape in place until the incision heals (about 3–5 days).
  - There may be bruising, swelling, or tenderness at the insertion site for a few days. If pain after removal, client may use ibuprofen (200–400 mg), paracetamol (325–1,000 mg), aspirin (325–650 mg), or other pain reliever for relief.
  - Routine physical work can be done immediately. Tell her to avoid bumping the area, carrying heavy loads, or applying unusual pressure to the site for about 1 week.
  - After healing, the area can be touched and washed with normal pressure.
  - The fibrous tissue that surrounded the rods may be felt for some time after the removal. This sensation will disappear within a few months.
  - Instruct the client that a follow-up visit is not necessary, but she may return to the facility at any time if she needs medical support. If signs of infection develop, such as inflammation (redness plus heat and increased tenderness), pus develops at the site, or there is persistent arm pain for several days, she should return to the clinic.

- Observe the client for at least 15–20 minutes after the removal. Check for excessive bleeding from the incision and ask how she feels before sending her home. She should be given written, post-removal wound care instructions if available and appropriate.

For further guidance on removing implants which have been improperly placed, see Annex E, “Difficult Removal Scenarios.”
Follow-On Contraception

If the client wants to continue using contraceptive implants, a new implant can be inserted during the same visit that the current deeply placed one is removed. The new rod(s) must be inserted at least 1 cm away from the removal incision or inserted on the other arm to prevent a deep reinsertion along the same track.

It is important to consider IP when removing and inserting follow-on implants. To reduce the risk of infection after completing the removal procedure, cover the incision with a sterile gauze pad and then follow these steps:

- Clean instruments, gloves, and other items (more guidance below).
- Dispose of waste materials (more guidance below).
- Remove gloves and wash hands thoroughly with soap and water.
- Put on a new pair of sterile gloves.
- Prep the incision area with antiseptic again.
- Put a drape on the arm (if required).

**NOTE:** Additional anesthetic will be needed for the insertion.

Waste Disposal and Decontamination

Waste disposal and equipment decontamination should be carried out within the institutional framework of IP guidelines. IP is an important aspect of ensuring quality care in service delivery.

- Before removing gloves, dispose of the syringe with needle attached and the scalp knife blades in the safety box or puncture-proof container.

Quick Tips for Difficult Removals: Broken Rods

If rods cannot be palpated:

- Obtain exact location via ultrasound. Do not attempt to remove without confirming exact implant location.
- Refer the client to an expert if the rods are too deep for your comfort level.

If rods are broken:

- Palpate the arm to locate broken pieces. Do not attempt to remove until you have definitively located the broken pieces.
- Aim to grasp both broken pieces through the same incision site.
- If a broken piece is not removed within 30 minutes or if you are unable to remove the broken piece, refer the client to a more experienced provider.

If one rod/broken piece is left in the arm:

- Provide a backup contraceptive method until it is removed.
- Tell the woman to come back after 4–6 weeks when incision area is fully healed.
- Reassess location of rod and make a second attempt for removal after 4–6 weeks.
After the procedure is over, wipe any blood and body fluids on the reusable surgical instruments using a piece of wet gauze and plain water. Clean reusable instruments and equipment within 30 minutes of procedure following the cleaning guidelines.

For some reasons, if instruments cannot be cleaned within 30 minutes, soak them in enzymatic detergent solution of plain water. If instruments need to be transported to a central cleaning area, cover them with a wet towel to avoid splashing during transportation.

The surgical drape (if used) must be washed and sterilized before reuse. Place in a dry, covered container and remove to the designated washing area.

While still wearing gloves, place all contaminated objects (gauze, cotton, and other waste items) in a properly marked, leakproof container with a tight-fitting lid or in a plastic bag.

Remove gloves by turning inside out.

Dispose of gloves by placing them in a leakproof container or plastic bag.

Wash hands thoroughly with soap and water. Dry with a clean, dry single-use cloth or air dry.

Dispose of all waste materials by appropriate segregating them and placing in appropriate container (e.g., sharp boxes, contaminated waste, pathological waste, general municipal waste).

Now you are ready to practice!
Module 3. Learner Practice Session Guide

**Duration:** 3–4 hours (together or broken into shorter sessions)

**Topic:** Conducting Difficult Implant Removals Using the Modified U Technique

**Session Objectives:** By the end of this session, you will be able to:
1. Prepare for the Modified U technique for difficult implant removal.
2. Conduct the Modified U technique on the arm model using the clinical skills checklist.
3. Apply proper techniques for IP and disposal of waste.

**Setup:**
1. Practice in teams of at least two if possible. Each learner takes a turn as provider and observer. If alone, practice on your own and mark the checklist as you go.
2. Set up the arm model. Gather the equipment and supplies necessary for a deep implant removal.
3. Have a copy of the clinical skills checklist and job aid (Annex C and D) ready for the practice.

**Resources:**
- Arm model
- Implant rod(s) inserted in arm model, within the foam core or beneath it, to simulate a “deep” implant
- Equipment and supplies for implant removal
- Modified vasectomy forceps
- Clinical skills checklist for difficult removal (Annex C)
- Implant removal job aids (Annex D)

**Methods and Activities**

**Activity:** Practice the Modified U technique for deep implant removal on the arm model.

**Guidance for Practice:** Work gently, carefully, and patiently when removing the rods. In these practice sessions, you will demonstrate and refine your skills in identifying removal difficulty and conducting deep implant removals using the arm model.

**Practice Activity:** Perform the following steps:
1. Identify who will play the role of provider and who will act as observer.
2. The observer must have a copy of the clinical checklist and should familiarize him or herself with the steps that they will be required to observe.
3. The provider should use this opportunity to simulate a real deep implant removal (including simulated provision of anesthetic) on the training arm, while the observer uses the checklist to evaluate the provider’s performance. The observer may stop and coach as needed so the provider does not continue incorrect actions. Give guidance in a friendly and constructive manner.
4. After the procedure is complete, review the checklist together and take a few minutes to talk about what happened during the procedure from the perspective of the provider (self-assessment) and the observer (objective assessment using the checklist).
5. Rotate roles. Again, the observer should evaluate the provider’s performance using the checklist.
6. Complete the activity again.
7. You have completed this activity when each team member has had an opportunity to play each role twice or whenever competency with the checklist is achieved.
Methods and Activities

Key Points:

- Ensure localization of deep/non-palpable implants before removal. If deeply palpable, mark each rod end location on arm with pen.
- Remove implants gently, carefully, and patiently.
- Inject 1.5 mL of local anesthetic under the rod and in surrounding incision site area.
- Inject 1.5 mL of local anesthetic under the rod and in surrounding incision site area.
- If rods are positioned correctly, only small incision (4 mm) is needed over the center of the implant. If removing two rods, remove the rod nearest to incision first.

Session Evaluation (what worked/what did not, modifications for next session, etc.):

Once you have achieved competency in the Modified U technique for difficult implant removal using the arm model (having been assessed using the skills checklist on the simulation arm), work with your facilitator to schedule a time to work with clients. You may have a greater chance of getting a removal client if coordinating with FP outreach events.
## Annex A. Medical Eligibility Criteria Quick Reference Chart

2016 WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4

<table>
<thead>
<tr>
<th>Condition</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS, tuberculosis, or other infection</td>
<td>No restrictions for use.</td>
<td>Not applicable.</td>
<td>Usually not recommended; clinical judgment and continuing access to clinical services are required for use.</td>
<td>Method should not be used.</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>No restrictions for use.</td>
<td>Not applicable.</td>
<td>Usually not recommended; clinical judgment and continuing access to clinical services are required for use.</td>
<td>Method should not be used.</td>
</tr>
<tr>
<td>Other medical conditions requiring contraception</td>
<td>No restrictions for use.</td>
<td>Not applicable.</td>
<td>Usually not recommended; clinical judgment and continuing access to clinical services are required for use.</td>
<td>Method should not be used.</td>
</tr>
<tr>
<td>Drug interactions</td>
<td>No restrictions for use.</td>
<td>Not applicable.</td>
<td>Usually not recommended; clinical judgment and continuing access to clinical services are required for use.</td>
<td>Method should not be used.</td>
</tr>
</tbody>
</table>


FHI 360, United States Agency for International Development. 2016. *Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use.* Durham, North Carolina: FHI 360
Annex B. Role-Plays

Why We Use Role-Plays

Role-plays allow learners to apply new technical knowledge and skills in situations that simulate those they encounter at work. This activity facilitates transfer of learning to the workplace for improved on-the-job performance. Role-plays require learners to react to situations in the moment and apply technical information and procedures they have learned. In addition, role-plays help facilitate transfer of learning by giving learners opportunities to:

- Practice in a safe, nonthreatening environment where it is permissible to make mistakes.
- Work in small groups and observe the facilitator demonstrating the provider role, which helps learners be comfortable trying out new approaches.
- Become confident using job aids and tools to facilitate performance of work tasks.
- Receive targeted feedback and support after each time they role-play a provider. Immediate feedback is crucial for learners to achieve a high level of proficiency and attain workplace performance expectations.

Quick-Start Instructions for Role-Plays

When learners are practicing in groups of three, determine who will first play the provider, client, and observer. The group will rotate through each role to give each learner an opportunity to practice his or her counseling skills as the provider. When using role-play for assessment, the facilitator will act as the client and the learner will be the provider. At the end of the role-play, the facilitator will fill out the observer counseling skills checklist to determine the learner’s competency.

Provider Instructions for Role-Plays

Pretend that you are meeting the client for the first time. Remember to:

- Develop a rapport with the client. Ask her name, age, and reason for the visit.
- Assess the client’s reproductive health goals, concerns, and fertility intentions.
- Address the primary and secondary reasons for the client’s visit.
- Facilitate the client’s decision-making process.
- Integrate information and services related to other reproductive health issues as appropriate.
- Help the client act on her or his decision(s).

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client’s concerns.
Observer Instructions for Role-Plays

Before the start of the interaction:

- Review the Role-Play Observation Checklist associated with the role-play scenario (a separate checklist exists for each one) so that you are familiar with the behaviors that you are observing and where they appear on the checklist.

While observing the interaction between the provider and client, remember to:

- Use the observation checklist to take notes on what happens during the interaction.
- Record how well the provider addresses the case-specific issues in the space provided.
- Be prepared to give feedback to the provider regarding how well he or she addressed the client’s needs.

Pay particular attention to whether the provider:

- Helped the client deal with anxiety.
- Allowed the client to make an informed decision about how to proceed with her FP usage (or decision to discontinue).
- Ensured that the client met the medical eligibility criteria for the method she is using, or another method if she decided to switch.
- Helped the client carry out her decision with how to manage or discontinue implant use.
- Responded appropriately to any concerns or queries of the client.

Client Instructions for Role-Plays

Before the start of the interaction:

- Read the client information sheet and make sure you understand your character’s situation.
- Pick a name for your character. Tell the provider your name and age.
- During the interaction, offer information only when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider’s questions. Feel free to ask questions of the provider.
Role-Play Scenarios and Role-Play Observation Checklists

Scenario #1

Implant User Scenario 1—Client Information Sheet

Client Description

You are a 30-year-old woman who has recently begun using Implanon. You have been experiencing irregular menstrual bleeding for the past few months and are considering changing methods because the bleeding is bothersome to you and your partner.

Offer this information only when the provider asks relevant questions:

- You have been using the implant for 5 months.
- The bleeding began a couple weeks after the implant was inserted.
- You have never experienced this type of irregular bleeding before.
- The implant is still in your arm (you can feel it).
- You are not experiencing any breast tenderness or other signs of pregnancy.
- You are not postpartum.
- You do not smoke cigarettes or have any history of deep vein thrombosis (you are medically eligible for COCs if they are offered).
- You are unhappy, and the reassurance the provider offers is not sufficient. You would like some type of medical intervention to stop/slow the bleeding so that you can continue using the implant.

Implant User Scenario 1—Observation Checklist

Tick the box if the provider correctly performs these case-specific tasks. If not, leave it blank:

1. Does the provider show respect and avoid judging the client?
2. Does the provider maintain relaxed, friendly, and attentive posture and eye contact?
3. Does the provider use open-ended questions correctly and simple, clear language?
4. Does the provider ask the client about her feelings and show empathy?
5. Does the provider ask how long the woman has had her implant?
6. Does the provider ask what side effects the client has been experiencing?
7. Does the provider ask when the bleeding started?
8. Does the provider ask if the client had similar bleeding or any unexplained vaginal bleeding before using the implant?
9. Does the provider confirm the presence of the implant(s) by palpating the woman’s arm?
10. Does the provider ask questions to rule out pregnancy?
11. Does the provider reassure the client that irregular bleeding is a common and rarely dangerous side effect, and that it will likely resolve in the near future?
12. Does the provider assess whether the client will be satisfied without any additional medical intervention?
13. Does the provider offer a low-dose COC (once daily for 21 days) or ibuprofen (800 mg three times a day for 5 days)?
14. Does the provider inform the client she can return for follow-up care at any time, especially if the use of COCs or ibuprofen do not resolve her irregular bleeding?
15. Does the provider ask the client if she is satisfied with the course of action they are taking?
Implant User Scenario 1—Client Information Sheet

Total Checked Boxes: /15

Additional Comments on Provider Performance

Strengths:

Areas for Improvement:
Scenario #2

**Implants User Scenario 2—Client Information Sheet**

**Client Description**
You are a 31-year-old woman with no children. You have been using the implant for 2 years. You have returned to the facility because you and your husband are interested in becoming pregnant.

**Offer this information only when the provider asks relevant questions:**
- You hope to become pregnant as soon as possible.
- You are worried that the removal procedure will be painful and that you will be left with a scar.
- A friend told you it could take months to become pregnant after using an implant.

**Implants User Scenario 2—Observer Information Sheet**

Tick the box if the provider correctly performs these case-specific tasks. If not, leave it blank:

1. Does the provider show respect and avoid judging the client?
2. Does the provider maintain relaxed, friendly, and attentive posture and eye contact?
3. Does the provider use open-ended questions correctly and simple, clear language?
4. Does the provider ask the client about her feelings and show empathy?
5. Does the provider ask how long the woman has had her implant?
6. Does the provider confirm the presence of the implant(s) by palpating the woman’s arm?
7. Does the provider reassess the client’s reproductive health goals, fertility intentions, and life plans?
8. Does the provider describe the removal procedure for her contraceptive implants and allay any fears she might have?

**Total Checked Boxes** /8

Additional Notes on Provider Performance:

**Strengths:**

**Areas for Improvement:**

**Scenario #3**

**Implants User Scenario 3—Client Information Sheet**

**Client Description**
You are a 36-year-old married woman with four children. You have been using the implant for 2 months. Before initiation to the method, you noticed some slight bleeding, especially after having sex. This did not bother you enough to seek treatment then, but now you have frequent, heavy vaginal bleeding. You returned to the facility because you are now concerned and uncomfortable about the bleeding pattern.

**Offer this information only when the provider asks relevant questions:**
- You have had the bleeding problem for months before the initiation of the implant.
- The bleeding occurred after sexual intercourse, though now it is frequent and heavy.
- You are worried that the implant has caused this and are wondering if you can use any other contraceptive method.
- You have never been screened for cervical cancer.

**Implants User Scenario 3—Observer Information Sheet**

Tick the box if the provider correctly performs these case-specific tasks. If not, leave it blank:

1. **Does the provider show respect and avoid judging the client?**
2. **Does the provider maintain relaxed, friendly, and attentive posture and eye contact?**
3. **Does the provider use open-ended questions correctly and simple, clear language?**
4. **Does the provider ask the client about her feelings and show empathy?**
5. **Does the provider ask how long the woman has had her implant?**
6. **Does the provider ask about the bleeding and when it started?**
7. **Does the provider confirm the presence of the implant(s) by palpating the woman’s arm?**
8. **Does the provider ask if the woman has ever been screened for cervical cancer or had any recent vaginal examination?**
9. **Does the provider explain that the cause of the vaginal bleeding is likely the result of a separate condition?**
10. **Does the provider attempt to treat or refer the woman for follow-up related to the vaginal bleeding?**

**Total Checked Boxes** /10

**Additional Notes on Provider Performance:**
**Strengths:**

**Areas for Improvement:**
## Annex C. Clinical Skills Checklists for Implant Removal

### Checklist for Implant Counseling and Clinical Skills: Standard Removal

Rate the performance of each step or task observed using the following rating scale:

<table>
<thead>
<tr>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner performed the step or task according to the standard procedure or guidelines.</td>
<td>Learner performed the task inadequately or incompletely.</td>
<td>Step, task, or skill was not applicable to the case performed by the learner during assessment.</td>
</tr>
</tbody>
</table>

Note: If the learner has multiple clients, use each column to assess their performance and record scores on each client/case.

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td><strong>Pre-Removal Counseling</strong></td>
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<tr>
<td>1. Greet the client respectfully and with kindness.</td>
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<tr>
<td>2. Listen carefully to the client’s response on the reason for removal to determine if she wants another method, is hoping to get pregnant, or wants to replace her implant.</td>
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<tr>
<td>3. Confirm with the client what her intentions are. Provide FP counseling if appropriate.</td>
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<tr>
<td>4. Describe the removal procedure and what to expect. If she intends to have another implant, discuss with her where it will be inserted.</td>
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<tr>
<td>5. Ensure that the client is not allergic to the topical antiseptic or the local anesthetic that is available.</td>
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<tr>
<td><strong>Removal Of Implant Rod(s)</strong></td>
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<tr>
<td><strong>Getting Ready</strong></td>
<td></td>
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<tr>
<td>1. Determine that sterile instruments and other required materials for removal are available. Make sure a new implant is available if inserting a new implant.</td>
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<tr>
<td>2. Check that the client has thoroughly washed and rinsed her arm.</td>
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<tr>
<td>3. Tell the client what is going to be done and encourage her to ask questions.</td>
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<tr>
<td>4. Position the woman’s arm and place a clean, dry cloth under her arm.</td>
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<tr>
<td>5. Palpate the rod(s) to determine position for removal.</td>
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<tr>
<td>6. With a waterproof marker, mark the client’s arm where the tip of the rod(s) is/are palpated.</td>
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</tbody>
</table>
# Checklist for Implant Counseling and Clinical Skills: Standard Removal

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Removal Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>1. Wash hands thoroughly and dry them.</td>
<td></td>
</tr>
<tr>
<td>2. Put sterile gloves on both hands.</td>
<td></td>
</tr>
<tr>
<td>3. Arrange instruments and supplies.</td>
<td></td>
</tr>
<tr>
<td>4. Prep removal site with antiseptic solution twice.</td>
<td></td>
</tr>
<tr>
<td>5. Inject small amount (.5 to 1 mL) of local anesthetic (1% with or without epinephrine) at the incision site, under the end of the rod(s).</td>
<td></td>
</tr>
<tr>
<td>6. Check for anesthetic effect before making skin incision.</td>
<td></td>
</tr>
<tr>
<td><strong>Removal</strong></td>
<td></td>
</tr>
<tr>
<td>1. Push down the proximal end of the implant to stabilize it; a bulge may appear, indicating the distal end of the implant.</td>
<td></td>
</tr>
<tr>
<td>2. Make a small (2 mm) longitudinal incision below the end of the rod(s). If this a two-rod system, make the incision in between both ends of the rods.</td>
<td></td>
</tr>
<tr>
<td>3. Push the rod toward the incision to remove it.</td>
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</tr>
<tr>
<td>4. Grasp end of rod with curved (mosquito or straight) forceps.</td>
<td></td>
</tr>
<tr>
<td>5. Clean off fibrous tissue sheath that covers tip of rod with sterile gauze (or the blunt side of a scalpel).</td>
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</tr>
<tr>
<td>6. Grasp exposed end of rod with second forceps, gently remove, and inspect to ensure that the rod is intact.</td>
<td></td>
</tr>
<tr>
<td>7. Ensure that the complete rod has been removed; show to the client.</td>
<td></td>
</tr>
<tr>
<td>8. If this is a two-rod system, repeat steps 20–24, removing the second rod through the same middle incision.</td>
<td></td>
</tr>
<tr>
<td><strong>Reinserting Implant (One or Two Rods)</strong></td>
<td></td>
</tr>
<tr>
<td>1. The new implant rod(s) can be reinserted along the same track as the recently removed implant (if the woman chose to have a new implant inserted).</td>
<td></td>
</tr>
<tr>
<td>2. Provide an additional 1 mL of local anesthetic along the track(s) of the previously removed implant(s).</td>
<td></td>
</tr>
<tr>
<td>3. Wait for 1–2 minutes for the anesthetic to take effect.</td>
<td></td>
</tr>
<tr>
<td>4. Insert the one- or two-rod implant as per insertion steps (including post insertion steps and postinsertion counseling).</td>
<td></td>
</tr>
</tbody>
</table>
## Checklist for Implant Counseling and Clinical Skills: Standard Removal

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td><strong>Post-Removal Tasks</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>1.</strong></td>
<td>Ensure hemostasis by applying pressure with sterile gauze.</td>
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<tr>
<td><strong>2.</strong></td>
<td>Bring edges of incision together and close it with a Band-Aid or sterile tape on sterile gauze (2” x 2”).</td>
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<tr>
<td><strong>3.</strong></td>
<td>Clean the client’s skin with alcohol.</td>
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<td><strong>4.</strong></td>
<td>Apply pressure dressing snugly.</td>
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<td><strong>5.</strong></td>
<td>Before removing gloves, dispose materials by:</td>
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<tr>
<td></td>
<td>• Placing used needle (without capping), trocar (if used), and scalpel blade in sharps container</td>
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<td></td>
<td>• Placing waste materials in leakproof container or plastic bag</td>
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<td></td>
<td>• Place all the used equipment in the decontaminate as per IP guidelines</td>
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<tr>
<td><strong>6.</strong></td>
<td>Remove gloves by turning inside out and place in leakproof container or plastic bag.</td>
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<tr>
<td><strong>7.</strong></td>
<td>Wash hands thoroughly and dry them.</td>
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<tr>
<td><strong>8.</strong></td>
<td>Complete client record.</td>
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<tr>
<td><strong>Post-Removal Counseling</strong></td>
<td></td>
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<tr>
<td><strong>1.</strong></td>
<td>Instruct the client about wound care and make return visit appointment, if needed. She should return if there is:</td>
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<tr>
<td></td>
<td>• Profuse bleeding</td>
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<tr>
<td></td>
<td>• Pus or redness at the infection site</td>
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<tr>
<td><strong>2.</strong></td>
<td>Discuss what to do if any problems occur and answer any questions.</td>
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<tr>
<td><strong>3.</strong></td>
<td>If you have not already, counsel the client about a new contraceptive method and provide one, if desired.</td>
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<tr>
<td><strong>4.</strong></td>
<td>Observe the client for at least 15–20 minutes before sending her home.</td>
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</tbody>
</table>

**Total Score**

**Comments:**

____________________________________________________________________________________
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Skills Update for Contraceptive Implant Side Effect Management and Removal: Learner Workbook 45
# Checklist for Implant Counseling and Clinical Skills: Modified U Removal

Rate the performance of each step or task observed using the following rating scale:

<table>
<thead>
<tr>
<th>2</th>
<th>1</th>
<th>0</th>
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</thead>
<tbody>
<tr>
<td>Learner performed the step or task according to the standard procedure or guidelines.</td>
<td>Learner performed the task inadequately or incompletely.</td>
<td>Step, task, or skill was not applicable to the case performed by the learner during assessment.</td>
</tr>
</tbody>
</table>

Note: If the learner has multiple clients, use each column to assess their performance and record scores on each client/case.

## Checklist for Implant Counseling and Clinical Skills: Modified U Removal

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<tr>
<th>Step/Task</th>
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<th>Cases 3</th>
<th>Cases 4</th>
<th>Cases 5</th>
</tr>
</thead>
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<td><strong>Pre-Removal Counseling</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Greet the client respectfully and with kindness.</td>
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</tr>
<tr>
<td>2. Listen carefully to the client’s response on the reason for removal to determine if she wants another method, is hoping to get pregnant, or wants to replace her implant.</td>
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<tr>
<td>3. Confirm with the client what her intentions are. Provide FP counseling if appropriate.</td>
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<tr>
<td>4. Assess the visibility, arrangement and position of the rod(s) through palpation.</td>
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<tr>
<td>5. If rod(s) are not palpable, make sure you definitively localize and mark the location on the arm before starting the removal procedure.</td>
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<tr>
<td>6. Describe the removal procedure and what to expect. If she intends to have another implant, discuss with her where it will be inserted.</td>
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<tr>
<td>7. Ensure that the client is not allergic to the topical antiseptic or the local antiseptic that is available.</td>
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<tr>
<td><strong>Removal of Implant Rod(s)</strong></td>
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<tr>
<td><strong>Getting Ready</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Determine that sterile and other required materials for removal are available. Make sure a new implant is available if inserting a new implant.</td>
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<tr>
<td>2. Check that the client has thoroughly washed and rinsed her arm.</td>
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<tr>
<td>3. Tell the client what is going to be done and encourage her to ask questions.</td>
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<tr>
<td>4. Position the woman’s arm and place a clean, dry cloth under her arm.</td>
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<tr>
<td>5. Through deep palpation or by ultrasound image, note the position of the rods.</td>
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<tr>
<td>6. With a waterproof marker or pen, mark both ends of the rods on the client’s arm and the midpoint as the incision site.</td>
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</table>
### Checklist for Implant Counseling and Clinical Skills: Modified U Removal

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<thead>
<tr>
<th>Step/Task</th>
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</thead>
<tbody>
<tr>
<td><strong>Pre-Removal Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>1. Wash hands thoroughly. Dry them with single-use towel or air dry them.</td>
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<tr>
<td>2. Put sterile gloves on using the no-touch technique.</td>
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<tr>
<td>3. Arrange instruments and supplies, including modified vasectomy forceps.</td>
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<tr>
<td>4. Prep removal site with antiseptic solution twice.</td>
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<tr>
<td>5. Inject 1.5 mL of 1% local anesthetic at the incision site, down to the level of the implant and in the surrounding area.</td>
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<tr>
<td>6. Check for anesthetic effect before making skin incision.</td>
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<tr>
<td><strong>Removal of the Rod(s)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Arrange instruments and supplies on the sterile towel.</td>
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</tr>
<tr>
<td>2. Make a 4 mm longitudinal incision at the midpoint of the rod. For two rods, make the incision one-third of the way up from the distal end and in between the two rods.</td>
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<tr>
<td>3. Bluntly dissect the tissue with mosquito or straight forceps until the implant is felt.</td>
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<tr>
<td>4. While pressing down on the proximal end of the rod with the nondominant hand, perpendicularly reach the modified vasectomy forceps through the incision to grasp the implant.</td>
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<tr>
<td>5. Grasp the rod at its shaft, bringing it to the incision, and bluntly remove the fibrous tissue around the implant with sterile gauze or the blunt side of a scalpel.</td>
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<tr>
<td>6. Using a second forceps, grasp the rod from where it is exposed and remove it from the arm, pulling it out in an upside down “U” shape.</td>
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<tr>
<td>7. Ensure that the complete rod has been removed and show to the client.</td>
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<tr>
<td>8. If this is a two-rod implant, repeat steps 22–26.</td>
<td></td>
</tr>
<tr>
<td><strong>Reinserting Implant (One or Two Rods)</strong></td>
<td></td>
</tr>
<tr>
<td>1. The new implant rod(s) can be inserted in the same arm, 1–2 cm away from the removal site to prevent another deep insertion along the same track, or choose an insertion site on the other arm.</td>
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<tr>
<td>2. Provide additional local anesthetic by injecting 1 mL at new insertion site.</td>
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<tr>
<td>3. Wait for 1–2 minutes for the anesthetic to take effect.</td>
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<tr>
<td>4. Insert the one- or two-rod implant as per insertion steps (including postinsertion steps and counseling).</td>
<td></td>
</tr>
<tr>
<td><strong>Post-Removal Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>1. Ensure hemostasis by applying pressure to incision with sterile gauze.</td>
<td></td>
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</tbody>
</table>
Checklist for Implant Counseling and Clinical Skills: Modified U Removal

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Bring edges of incision together and close it with a Band-Aid or sterile tape on a sterile gauze (2x2).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Clean the client's skin around incision with alcohol.</td>
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</tr>
<tr>
<td>4. Apply pressure dressing snugly.</td>
<td></td>
</tr>
<tr>
<td>5. Before removing gloves, dispose materials by:</td>
<td></td>
</tr>
<tr>
<td>• Placing used syringe, needle (without capping), trocar (if used), and scalpel blade into sharps container</td>
<td></td>
</tr>
<tr>
<td>• Placing waste materials in leakproof assorted containers or plastic bag</td>
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</tr>
<tr>
<td>• Place all the used equipment in the decontaminate as per IP guidelines</td>
<td></td>
</tr>
<tr>
<td>6. Remove gloves by turning inside out and place in leakproof container or plastic bag.</td>
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</tr>
<tr>
<td>7. Wash hands thoroughly. Dry them with a single-use towel or air dry them.</td>
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<tr>
<td>8. Complete client's record.</td>
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</table>

**Post-Removal Counseling**

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
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<tbody>
<tr>
<td>9. Instruct the client about wound care and when to return to the health facility. She should return if there is:</td>
<td></td>
</tr>
<tr>
<td>• Profuse bleeding</td>
<td></td>
</tr>
<tr>
<td>• Pus or redness on the infection site</td>
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</tr>
<tr>
<td>10. Discuss what to do if any problems occur and answer any questions.</td>
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</tr>
<tr>
<td>11. Counsel the client about a new contraceptive method if she did not take implant and provide one, if desired.</td>
<td></td>
</tr>
<tr>
<td>12. Observe the client for at least 15–20 minutes before sending her home.</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score**

**Comments:**

_____________________________________________________________________________________

_____________________________________________________________________________________
Annex D. Implant Removal Job Aids

**Implant Standard Removal**

1. Locate 1 or 2 rod implant by palpation and pressing down. Refer for further examination if not located.

2. Prep incision site with antiseptic solution and drape.

3. Make a small (2mm) punch incision, at the tip(s) of the implants.

4. Push the implant(s) toward the incision until the tip is visible. If a two-rod system, remove one at a time.

5. Grasp implant with a curved mosquito forceps and gently remove it.

6. If the tip of the implant does not become visible in the incision, insert a forceps tip into the incision, grasp the implant and remove fibrous tissue by with back of scalpel blade and/or gauze.

7. After implant is exposed, grasp with second pair of mosquito forceps and gently remove it.

8. Ensure that the complete rod has been removed; show it to the client.

9. Close the incision site with sterile skin closure.

10. Apply pressure bandage dressing to minimize bleeding and bruising.

Illustrations by Erica L. Chin
DEEP IMPLANT REMOVAL:
Modified-U Technique

Illustrations by Jasmine L. Chin

It is very important to locate the implant by deep palpation or ultrasound, before attempting removal.

1. Perform procedure after implant has been located by deep palpation or ultrasound. Mark the position of implant from deep palpation or ultrasound if ultrasound was used. Position arm exactly as it was during ultrasound localization and identify markings by sonographer.

2. Place antiseptic solution and drape.

3. Make incision site

4. Bluntly dissect tissue by opening and closing straight forceps to depth of implant. If implant is under muscle fascia, use sharp and blunt dissection with forceps to slightly open fascia.

5. After reaching implant, use ringed forceps to grasp implant perpendicularly and bring implant/sheath complex to level of incision.

6. The ring portion of the ring forceps fits snugly around the width of the implant.

7. Use sharp dissecting forceps, mosquito forceps, or the back of a scalpel blade and gauze to dissect off the fibrous capsule formed around the implant.

8. Pull implant out from where it is exposed with straight or ringed forceps.

9. Ensure that the complete rod has been removed; show it to the client.

10. Close the incision site with sterile closure.

11. Apply pressure bandage dressing to minimize bleeding and bruising.

If this is a two-rod system, repeat steps 4-7 to remove the second rod.

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Maternal and Child Survival Program
Annex E. Difficult Removal Scenarios

Below is a list of different difficult removal scenarios that are taken from real cases as examples. Next to the illustration of the difficult implant placement, you will find the appropriate course of action and removal technique the learner should perform for each.

Scenario 1: Deeply palpable (standard arrangement, single- or two-rod)

Appropriate management: Modified U technique should be used for deeply palpable implants. Confirm location of implants and determine if you are comfortable with this technique before removal.

Scenario 1a: Deeply palpable in parallel arrangement (two-rod)

Appropriate management: Modified U technique should be used for deeply palpable implants. Confirm location of implants and determine if you are comfortable with this technique before removal. If so, the incision site must be chosen between the two rods, where they touch if pushed together.
Scenario 2: Incorrect insertion creates curved implant (single- or two-rod)

Appropriate management: Determine the appropriate incision site for removal, which should be at the distal tip of the implant.

Scenario 2a: Incorrect insertion creates one curved implant and one straight implant (two-rod)

Appropriate management: Determine the appropriate incision site for removal, the point where the rods are closest together.

Scenario 2b: Incorrect insertion creates one curved implant and one deeply palpable implant (two-rod)
**Appropriate management:** Modified U technique should be used for the deeply palpable implant. Confirm location of the implant and determine if you are comfortable with this technique before removal.

Decide the appropriate incision site for removal, the point where the rods are closest together and closer to the midpoint of the rods, so that they may both be reached through a single incision.

**Scenario 2c: Incorrect insertion creates two curved implants (two-rod)**

![Diagram of a curved implant]

Appropriate management: Determine the appropriate incision site for removal, the point where the rods are closest together.

**Scenario 3: Rods are on top of each other (two-rod)**

![Diagram of rods on top of each other]

Appropriate management: Identify how to localize the second rod through imaging. Determine how to remove both rods through the same incision through use of the Modified U technique.
**Scenario 3a: Rods cross on top of each other (two-rod)**

Appropriate management: Modified U technique should be used for deeply palpable implants. Confirm location of implants and determine if you are comfortable with this technique before removal. If so, the incision site must be chosen where the rods are overlapping.

**Scenario 4: Rod(s) non-palpable (single- or two-rod)**

Appropriate management: Identify how to localize the implants through imaging. After confirming the location, determine how to remove both rods through the same incision through use of the Modified U technique.
Scenario 4a: One rod is palpable and the other is non-palpable (two-rod)

Appropriate management: Identify how to localize the second rod through imaging. Determine how to remove both rods through the same incision through use of the Modified U technique.
Annex F. Using the Implant Arm Model

How to Use the Arm Model

To practice contraceptive implant removal, you will use the training model as if it were an actual client. Follow all steps as outlined in the training manual. During insertion, the trocar should pass between the skin tube and the foam core (muscle tissue). If you feel resistance, the trocar probably cut into the foam core because it was inserted at too deep an angle.

Using the arm, you will be able to practice removal techniques. If you insert some of the implants too deep, you will have difficulty removing them, just as would occur with an actual client.

How to Care for the Training Model

- If the skin tube becomes sticky and dirty, it may be washed, dried, and recoated inside with powder.
- Rotate the skin tube each time you use it to make it last longer. Avoid making incisions close together.
- To ensure that the tension of the skin tube remains uniform during insertion practice, insertions should be initiated from the middle of the model’s surface and directed toward either end of the model.

Example of arm model. Photo by Erica Troncoso, Jhpiego.

Arm model with polyester quilt batting for difficult implant simulations. Photo by Erica Troncoso, Jhpiego.
# Annex G. Practice Log

Name of Learner: ____________________________________________________________

Date of Training: ____________________________________________________________

<table>
<thead>
<tr>
<th>Date (dd/mm/yy)</th>
<th>Topic Practiced (counseling or implant removal)</th>
<th>Length of time practiced (minutes)</th>
<th>Comments</th>
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