

Live Well to

Learn Well

Web:

health.cornell.edu

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Appointments:

Monday–Saturday

Check web for hours, services, providers, and appointment information

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What it is

Nexplanon is a 4 cm long flexible plastic rod that is inserted just underneath the skin on the inner surface of the upper arm. It slowly releases tiny amounts of a progestin, called etonorgestrel, which prevents ovulation and thickens cervical mucus, thereby preventing pregnancy. At 99.9%, Nexplanon is the most highly-effective known method of contraception. In the first year of use, risk of pregnancy is less than 0.1%. This effectiveness is due to the steady release of hormones, and to the zero risk of “user error” (i.e., forgetting to use the method once initiated).

Is Nexplanon right for you?

Advantages

Many people choose Nexplanon because it:

- is convenient
- is highly effective
- has a quick return to fertility (0-3 months)
- lasts for 3 years
- can be removed at any time
- can lighten menstrual periods over time
- does not contain estrogen and is thereby safe for those with medical contraindications to using estrogen

Disadvantages

Nexplanon may not be right for you as it:

- requires a clinician visit and local anesthesia (lidocaine) for insertion and removal
- is likely to cause light but irregular, unpredictable vaginal bleeding
- does not protect against STIs
- may be detectable (noticeable and/or palpable) below the skin

Side effects

Like any hormonal contraceptive, Nexplanon can cause some side effects, which typically disappear after the first few months. These include mood changes, acne, and headache. Irregular and unpredictable vaginal bleeding often occurs with Nexplanon, although most users report a lessening of bleeding over time. In fact, about 20% of those using Nexplanon will stop having a period altogether after the first year. This is not dangerous but may be undesirable for some people. Nexplanon can cause a modest weight

Nexplanon



Nexplanon is the most highly-effective method of contraception currently available.

gain (3 lbs. in one year) in some individuals. It does not cause a decrease in bone density.

In rare (less than 1%) cases of more than 2 million prescriptions worldwide, Nexplanon has not been inserted correctly, resulting in difficult removal.

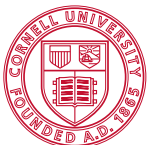
All Cornell Health providers who perform insertions have been specially trained by the makers of Nexplanon, making the risk of such an occurrence very low. Any patient can, however, have some mild pain and bruising at the insertion/removal site.

Contraindications

Nexplanon should not be used by individuals with the following conditions:

- Active hepatitis
- Severe cirrhosis of the liver
- Liver tumors
- Unexplained vaginal bleeding
- History of heart attacks or stroke
- Diabetes with vascular complications
- Significantly elevated blood pressure
- Pregnant, or fewer than 6 weeks postpartum (post-delivery)
- Breast cancer

Please note: The Nexplanon package insert lists other conditions, such as blood clots, as contraindications to its use, as those are contraindications to most hormonal contraceptives (due to estrogen content). However the World Health Organization reports



that progesterone-only methods are safe to use in individuals with such conditions, and therefore we do not list them as contraindications here.

How to get a prescription

Request an appointment via phone (607-255-5155), online via myCornellHealth, or by visiting Cornell Health during business hours.

- Ask during “Well Woman” or “Gender Services” appointment if it is time for a Pap smear and/or check-up.
- Ask for a contraception appointment just for birth control if you feel you don’t need a check-up, pap smear or STI testing.
- At your appointment the clinician will talk with you more about Nexplanon and other contraceptive options.

How to use Nexplanon

Timing

Insertion is best performed on days 1-5 of the menstrual cycle (day 1 is the first day of a woman’s period). For those already using combined (estrogen and progesterone) hormonal contraception, such as birth control pills, the patch, or the ring, insertion can be performed at any time during the placebo or ring/patch-free week. For those on Depo Provera, Nexplanon can be inserted any time during the week before the next injection is due. If your period is unpredictable, we will talk with you about scheduling your Nexplanon placement.

Insertion

Nexplanon requires a clinician visit for insertion. After being checked in and having vital signs taken by the nurse, a consent form will need to be signed, and the patient will be asked to change into a gown. The patient will be asked to lie on the exam table with their non-dominant arm out to the side. Local anesthetic will be injected. The skin will be swabbed with an antiseptic solution, and the Nexplanon rod will be placed just under the surface of the skin with the insertion device. No stitches are needed. The patient will be asked to feel the rod under their skin, so they will know where it is, and a bandage will be applied. The bandage should be left on for 48 hours,

after which time the area can be treated like normal skin.

If inserted according to the timing mentioned above, Nexplanon is immediately effective against pregnancy. If placed at other times in the patient’s cycle, it is effective in 7 days.

No back-up contraception is required. (Protection against STIs may still be necessary). Efficacy as a contraceptive method is maintained for three years.

Removal

When three years have passed, or removal is desired for other reasons, a clinician appointment can be made for removal. Local anaesthetic (lidocaine) will be used, and a small incision made through which to remove the rod. No stitches are required, but Steri-Strips will be used to close the small incision. A bandage will be applied, which should remain in place for 48 hours. Icing the area will help prevent bruising. Once the bandage is removed, the area can be washed and patted dry on a daily basis and covered with a band-aid if needed until completely healed. If pregnancy is not desired, another contraceptive method should be started immediately, as Nexplanon’s effects vanish quickly after removal.

Individuals who wish to continue using Nexplanon can have a new rod inserted at the same time the old one is removed.

Additional considerations

No hormonal method of birth control protects against sexually transmitted infections (STIs), including HIV. Latex barriers (condoms, latex squares) are the best way to protect against STIs. Condoms, lubricants, and other sexual health products can be purchased from the Cornell Health Pharmacy.

For more information

The clinicians and sexual health nurses at Cornell Health can talk with you about any concerns you may have about Nexplanon, other birth control methods, and/or reducing risks of STIs and/or testing. Request an appointment via phone (607-255-5155), online via myCornellHealth, or by visiting us during business hours.

To find a list of clinicians elsewhere in the United States who can insert or remove Nexplanon, call 1-877-467-5266.

Additional information is available online at: Nexplanon-USA.com.

Drug interactions

If you are using the following medications, Nexplanon may be less effective for you, and you should discuss this with your healthcare provider:

- Barbituates
- Carbamazepine
- Felbamate
- Griseofulvin
- Modafanil
- Oxcarbazepine
- Rifampin
- Phenylbutazone
- Phenytoin
- St. John’s Wort
- Topiramate