

Live Well to

Learn Well

Web:

health.cornell.edu

Phone (24/7):

607-255-5155

Fax:

607-255-0269

Appointments:

Monday–Saturday

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

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Ithaca, NY

14853-3101

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 etonogestrel, which prevents ovulation and thickens cervical mucous, 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 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
- lightens 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 menstrual 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 menstrual 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 gain (3 lbs. in one year) in some individuals. It does not cause a decrease in bone density.

Nexplanon



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

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

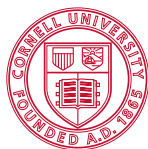
All Cornell Health providers who perform insertions have been specially trained by the makers of Nexplanon, making the risk of such an occurrence very low. Any patient can, however, have some mild pain and bruising at the insertion/removal site.

Contraindications

Nexplanon should not be used by those 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

Schedule an appointment by calling Cornell Health at 607-255-5155 or logging in to myCornellHealth (mycornellhealth.health.cornell.edu).

- Request a Preventive Care Visit if it's time for a check-up and/or Pap smear, or you also want sexually transmitted infection (STI) testing.
- 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 sexual health nurse or clinician will talk with you more about Nexplanon and other contraceptive options.

How to use Nexplanon

Timing

Nexplanon is immediately effective against pregnancy if insertion is performed on days 1-5 of the menstrual cycle (day 1 is the first day of menstrual bleeding).

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 insertion takes place outside of the menstrual period or placebo week, you'll need to use condoms/barrier method for 7 days following the Nexplanon placement. (It is recommended to use condoms consistently for protection against STIs.)

Nexplanon's efficacy as a contraceptive method is maintained for three years.

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. 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.

Removal

When three years have passed, or removal is desired for other reasons, a clinician appointment can be made for removal. Local anesthetic (lidocaine) will be used, and a small incision made through which to remove the rod. No stitches are required, but instead sterile tape strips will be used to close the small incision. A dressing will be applied, which should remain in place for 24 hours. If desired, icing the area will help prevent bruising. Once the dressing is removed, the area can be washed and patted dry daily. It is recommended to remove the sterile tape strips anywhere from 3-14 days after the rod is removed. 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 are available at 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.

Additional information is available online at nexplanon.com.

Drug interactions

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

- Aprepitant
- Barbituates
- Bosentan
- Carbamazepine
- Felbamate
- Griseofulvin
- Hepatitis C virus medicines
- HIV medicines
- Modafanil
- Oxcarbazepine
- Rifampin
- Phenytoin
- St. John's Wort
- Topiramate

Learn more at nexplanon.com/medicine-interactions.