I. INTRODUCTION

Norplant® is a subdermal contraceptive insert that is no longer available on the U.S. market. The last insertions were in 2004. However, because the implants are effective for 5 years of use, a few women may still have the implants in place and there exists the possibility that a clinician may be asked to remove Norplant.

Norplant’s® main mode of action is to produce an endometrium that is not receptive to ovum implantation, and cervical mucus that is thick and hostile to sperm. Norplant® may or may not inhibit ovulation via suppression of the gonadotropin surge.

Six silicone rubber capsules were surgically placed subdermally in the client’s upper arm during the Norplant® insertion procedure. Each capsule contains 36 mg of dry crystalline levonorgestrel for a total of 216 mg in the 6 capsules. This progestin diffuses through the wall of the capsule into the surrounding tissues where it is absorbed by the circulatory system. This occurs on a continuous basis over a 5-year period.

II. NORPLANT® REMOVAL

Instructions for Norplant® removal are as follows:

A. Have the client read and sign the informed consent.
B. Position the client on table with her arm flexed and externally rotated as for the insertion.
C. Identify position of all 6 capsules; the skin may be marked with a marking pencil.
D. Prep the skin with Hibiclens and Betadine.
E. Put on sterile gloves and position sterile drapes.
F. Draw up 6.5 cc 1% Lidocaine.
G. Anesthetize the site of incision and under the implant tips.
H. Remove the capsules.
I. Apply pressure to incision (1-2 minutes).
J. Apply steri-strips over incision.
K. Cleanse area with alcohol and apply pressure bandage.
L. Show all 6 capsules to the client.
M. Advise the client to avoid heavy lifting and keep the dressing dry for 3 days. After 24 hours, the bandage may be removed and a band-aid should be applied over the steri strips. Signs of bruising may be seen for 3-10 days, and during this time acetaminophen or ibuprofen may be used prn for discomfort.
N. The client should return in 1-2 weeks for arm check.
O. If any capsule cannot be removed, a second attempt at removal should be done in 4-6 weeks.
P. Any “lost” implant may be located with a high frequency (7-10) megahertz, short focus ultrasound.
REFERENCES


CONSENT FOR REMOVAL OF NORPLANTâ

I, (print or type name) ____________________________________________________________, request removal of Norplantâ as my family planning method. All my questions have been answered and I have been advised of the risks involved in Norplant removal. I have considered these factors and voluntarily choose to have the Norplantâ capsules removed. It understand that it is my responsibility to seek another method of birth control if I so desire.

I understand the following about how Norplantâ is removed:

○ The process requires that I be able to lie on my back on the examination table.
○ After cleaning the removal site on my arm, a local anesthetic is injected.
○ A small incision approximately ¼ inch will be made with a scalpel. After healing I may still have a small scar.
○ The Norplantâ capsules are then separated from the surrounding tissue and removed. In some cases, removal of the capsules may be difficult. A second incision may be necessary to remove all of the Norplantâ capsules.
○ I may be asked to return in 4 to 6 weeks (after the site has healed) in order to remove the remaining capsules.
○ With difficult removals, I may have to be referred to another provider (at my own expense) in order to have all of the capsules removed under anesthesia
○ Removals usually take about 20 to 30 minutes.

I will contact my provider if the following warning signs of possible problems develop:

- Redness, pus or bleeding at the removal site
- Swelling, bruising
- Fever
- Reaction to anesthesia

I understand that within 24 hours after removal, most women return to their pre-insertion fertility rate; therefore, another method should be started immediately if I wish to have birth control

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I have reviewed this consent and all my questions have been answered. I voluntarily choose to have the Norplantâ capsules removed.

Date: ______ Client Signature: ________________________________________________

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Please complete the following if interpretation of informed consent was required:

- An interpreter was offered to the client. Yes No
• This form has been read to the client in the client’s spoken language.  Yes  No

• Patient’s Language (specify): ________________________________

• Interpreter Name: ________________________________
  (print or type name of interpreter)

• Interpreter Services provided by(agency): ________________________________

• Date: _______ Interpreter Signature: ________________________________

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Staff Use only

By my signature I affirm that:

• The client has read this form or had it read to her by an interpreter.
• The client states that she understands this information.
• The client has indicated that she has no further questions.

Date: _______ Staff Signature: ________________________________