Management of Side Effects for Implants

Introduction
Doing simple things well is an excellent approach to managing side effects of implants. This means informing women about what side effects to expect, providing reassurance that common side effects such as bleeding changes are not harmful, and encouraging women to return whenever they have questions or concerns. The woman’s confidence that her implant use is safe and effective, and that her provider is competent and responsive are keys to success. Information should be clear, correct, non-alarming, and presented in verbal and written form, using jargon-free language that the woman can—and does—understand. Good management of side effects by the provider and accurate understanding by the woman will lead to many women being satisfied with their method, and may lead to this success being recognized by her community.

Giving Advice on Side Effects
Brief, clear descriptions of the most common side effects—before the implants are inserted—reduces complaints and makes management easier. Counseling about bleeding changes may be the most important help a woman needs to keep using the method.

Describe the most common side effects

- Changes in her bleeding pattern:
  - Irregular bleeding that lasts more than 8 days at a time over the first year.
  - Regular, infrequent, or no bleeding at all later.

- Headaches, abdominal pain, breast tenderness, and possibly other side effects.

- Common, and usually not serious or signs of illness.

- Most side effects usually become less or stop within the first year.

- Client can and should come back for help if side effects bother her.
These and other messages should be provided verbally as well as in writing, with the provider being sure to ascertain that the client understands the information. When side effects occur, written, understandable information may help reassure her and her family. Written information about possible complications should also be provided, even though these are uncommon or rare. Uncommon complications include infection at the insertion site and difficult removal. Rare complications include expulsion of the implant, or infection; signs that she should look for include pain, heat, pus, or redness at the insertion site that becomes worse or does not go away, or an implant rod coming out of the skin.

Also, providers should deal directly with any local misunderstandings or misperceptions about implants, such as "implants cause infertility," "implants will migrate in the body," and "implants increase risk of ectopic pregnancy."

**Managing Any Problems**

(Extracted and adapted from *Family Planning: A Global Handbook for Providers.*)

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**Problems Reported as Side Effects or Complications**

May or may not be due to the method.

- Problems with side effects and complications affect women's satisfaction and use of implants. They deserve the provider's attention. If the client reports any side effects or complications, listen to her concerns, give her advice, and, if appropriate, treat.

- Simply removing the implants when common non-harmful side effects occur is a poor first option, unless the woman definitely wants to discontinue or other measures are not acceptable. In these cases, offer to help the client choose another method—now, if she wishes, or if problems cannot be overcome.

**Irregular bleeding** (bleeding at unexpected times that bothers the client)

- Reassure her that many women using implants experience irregular bleeding. It is not harmful and usually becomes less or stops after the first year of use.

- For modest short-term relief, she can take 800 mg ibuprofen or 500 mg mefenamic acid 3 times daily after meals for 5 days, beginning when irregular bleeding starts.

- If these drugs do not help her, she can try one of the following, beginning when irregular bleeding starts:
  - Combined oral contraceptives with the progestin levonorgestrel. Ask her to take one pill daily for 21 days.
  - 50 µg ethinyl estradiol daily for 21 days.

- If irregular bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see Unexplained vaginal bleeding, below).
No monthly bleeding

- Reassure her that some women stop having monthly bleeding when using implants, and this is not harmful. There is no need to lose blood every month. It is similar to not having monthly bleeding during pregnancy. She is not infertile. Blood is not building up inside her. (Some women are happy to be free from monthly bleeding.)

Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)

- Reassure her that some women using implants experience heavy or prolonged bleeding. It is generally not harmful and usually becomes less or stops after a few months.

- For modest short-term relief, she can try any of the treatments for irregular bleeding, above, beginning when heavy bleeding starts. Combined oral contraceptives with 50 µg of ethinyl estradiol may work better than lower-dose pills.

- To help prevent anemia, suggest she take iron tablets and tell her it is important to eat foods containing iron, such as meat and poultry (especially beef and chicken liver), fish, green leafy vegetables, and legumes (beans, bean curd, lentils, and peas).

- If heavy or prolonged bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see Unexplained vaginal bleeding, below).

Ordinary headaches (nonmigrainous)

- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.

- Any headaches that get worse or occur more often during use of implants should be evaluated.

Mild abdominal pain

- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.

- Consider locally available remedies.

Acne

- If client wants to stop using implants because of acne, she can consider switching to COCs. Many women’s acne improves with COC use.

- Consider locally available remedies.

Weight change

- Review diet and counsel as needed.
**Breast tenderness**

- Recommend that she wear a supportive bra (including during strenuous activity and sleep).
- Try hot or cold compresses.
- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.
- Consider locally available remedies.

**Mood changes or changes in sex drive**

- Ask about changes in her life that could affect her mood or sex drive, including changes in her relationship with her partner. Give her support as appropriate.
- Clients who have serious mood changes such as major depression should be referred for care.
- Consider locally available remedies.

**Nausea or dizziness**

- Consider locally available remedies.

**Pain after insertion or removal**

- For pain after insertion, check that the bandage or gauze on her arm is not too tight.
- Put a new bandage on the arm and advise her to avoid pressing on the site for a few days.
- Give her aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.

**Infection at the insertion site (redness, heat, pain, pus)**

- Do not remove the implants.
- Clean the infected area with soap and water or antiseptic.
- Give oral antibiotics for 7 to 10 days.
- Ask the client to return after taking all antibiotics if the infection does not clear. If infection has not cleared, remove the implants or refer for removal.
- Expulsion or partial expulsion often follows infection. Ask the client to return if she notices an implant coming out.
**Abscess** (pocket of pus under the skin due to infection)

- Clean the area with antiseptic.
- Cut open (incise) and drain the abscess.
- Treat the wound.
- Give oral antibiotics for 7 to 10 days.
- Ask the client to return after taking all antibiotics if she has heat, redness, pain, or drainage of the wound. If infection is present when she returns, remove the implants or refer for removal.

**Expulsion** (when one or more implants begins to come out of the arm)

- Rare. Usually occurs within a few months of insertion or with infection.
- If no infection is present, replace the expelled rod or capsule through a new incision near the other rods or capsules, or refer for replacement.

**Severe pain in lower abdomen** (suspected ectopic pregnancy or enlarged ovarian follicles or cysts)

- Many conditions can cause severe abdominal pain. Be particularly alert for additional signs or symptoms of ectopic pregnancy, which is rare but can be life-threatening.
- In the early stages of ectopic pregnancy, symptoms may be absent or mild, but eventually they will become severe. A combination of these signs or symptoms should increase suspicion of ectopic pregnancy:
  - Unusual abdominal pain or tenderness
  - Abnormal vaginal bleeding or no monthly bleeding—especially if this is a change from her usual bleeding pattern
  - Light-headedness or dizziness
  - Fainting
- If ectopic pregnancy or other serious health condition is suspected, refer at once for immediate diagnosis and care.
- Abdominal pain may be due to other problems, such as enlarged ovarian follicles or cysts.
  - A woman can continue to use implants during evaluation.
  - There is no need to treat enlarged ovarian follicles or cysts unless they grow abnormally large, twist, or burst. Reassure the client that they usually disappear on their own. To be sure the problem is resolving, see the client again in 6 weeks, if possible.
New Problems That May Require Switching Methods
May or may not be due to method.

**Unexplained vaginal bleeding** (that suggests a medical condition not related to the method)
- Refer or evaluate by history and pelvic examination. Diagnose and treat as appropriate.
- If no cause of bleeding can be found, consider stopping implants to make diagnosis easier. Provide another method of her choice to use until the condition is evaluated and treated (not progestin-only injectables, or a copper-bearing or hormonal IUD).
- If bleeding is caused by sexually transmitted infection or pelvic inflammatory disease, she can continue using implants during treatment.

**Migraine headaches** (see Identifying Migraine Headaches and Auras)
- If she has migraine headaches without aura, she can continue to use implants if she wishes.
- If she has migraine aura, remove the implants. Help her choose a method without hormones.

**Certain serious health conditions** (suspected blood clots in deep veins of legs or lungs, serious liver disease, or breast cancer). See Signs and Symptoms of Serious Health Conditions.
- Remove the implants or refer for removal.
- Give her a backup method to use until her condition is evaluated.
- Refer for diagnosis and care if not already under care.

**Heart disease due to blocked or narrowed arteries** (ischemic heart disease) or stroke
- A woman who has one of these conditions can safely start implants. If, however, the condition develops while she is using implants:
  - Remove the implants or refer for removal.
  - Help her choose a method without hormones.
  - Refer for diagnosis and care if not already under care.

**Suspected pregnancy**
- Assess for pregnancy, including ectopic pregnancy.
- Remove the implants or refer for removal if she will carry the pregnancy to term.
- There are no known risks to a fetus conceived while a woman has implants in place.