Instruction for the patient

Your situation

- You are 30 years old and have had an implant for 7 months
- In the last 2 months you have experienced irregular bleeding
- As the implant is very convenient for you, you are more concerned than disturbed by these bleedings
- You consult your doctor because you are very worried that the irregular bleeding could be related to a genital malignancy

Instruction for the patient

Your questions for the doctor

1. Could the irregular bleeding be related to use of the implant?
2. Could the irregular bleeding be a sign of occult cancer?
3. If the bleeding irregularities are related to the implant, how can I avoid them?
4. Should the implant be removed?
5. My friend uses the injection and has no bleeding. Can I change?

Instruction for the doctor to question 1:
Could the irregular bleeding be related to use of the implant?

- Explain the bleeding pattern of progestin-only contraception, especially that of Implanon and DMPA
- Implanon is associated with
  - Amenorrhoea (22.2%)
  - Infrequent bleeding (33.6%)
  - Frequent bleeding (6.7%)
  - Prolonged bleeding (17.7%)

Mansour D et al. EJCRHC Vol. 13 , Iss. sup1,2008

Instruction for the doctor to question 2:
Could the irregular bleeding be a sign of occult cancer?

- Ask the woman about possible STIs and use of other medication
- Check her last Pap smear
- Screen for some STIs, especially chlamydia infection
- Exclude any organic cause of the bleeding (ultrasound)

Mansour D et al. EJCRHC Contraception 83 (2011) 202–210

Instruction for the doctor to question 3:

If the bleeding irregularities are related to the implant, how can I avoid them?

- Discuss and decide to prescribe **one** option to stop her bleeding:
  - NSAIDs: ibuprofen 500–800mg twice daily for 5 days
  - Mefenamic acid 500 mg twice daily for 5 days
  - Doxycycline twice daily for 5 days
  - Tranexamic acid 500 mg twice daily for 5 days
  - CHC, if not contraindicated, for 21 days
  - Norethisterone 5 mg two to three times daily for 21 days over two to three cycles
  - Estradiol 2 mg for 7 days (if the endometrium is atrophic)

Zigler, et al. AJOG 2016,Dec EPUB ahead of print

Instruction for the doctor to question 4:
Should the implant be removed?

- The probability that the bleeding pattern will change is small, 7 months after insertion
- If the woman is not disturbed by the bleeding pattern, reassure her
- Offer her removal of the implant if no treatment is successful, but only after a decision has been made on an effective alternative

Instruction for the doctor to question 5:

My friend uses the injection and has no bleeding. Can I change?

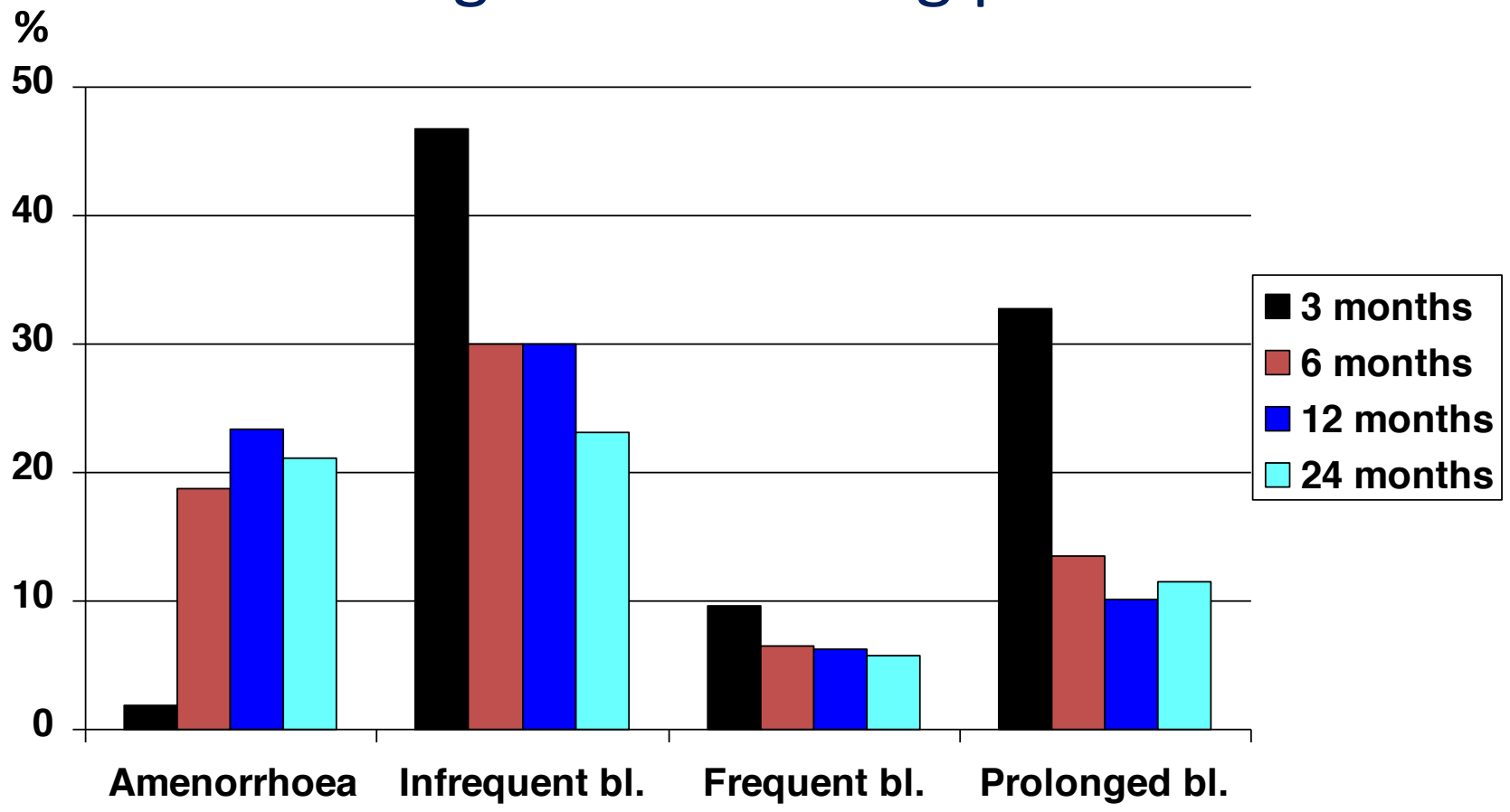
- If the woman needs LARC and is not content with the implant, a good solution would be DMPA, which is associated with more amenorrhoea
- Explain that it may take several months until fertility returns after use of DMPA
- At her age no relevant negative impact on bone density is to be expected
- If she does not want regular bleeding, the LNG-IUS might be a good alternative

How to discuss the bleeding pattern

What will happen with regular periods?

- It is very important that the woman understands the concepts of *amenorrhoea* and *unpredictable bleeding* and accepts them
- Inform her that prolonged spotting is more frequent during the first weeks of use and it decreases over time
- Advise her to get in touch if the bleeding becomes too uncomfortable, as there are treatment options

Implant
Long-term bleeding pattern



Affandi, B. et al.: Contraception 1998/58

POC and amenorrhoea

Amenorrhoea after 6 and 12 months of use:

DMPA 25%; 48%

Implant (etonogestrel) 18%; 20%

POP (desogestrel) 7%; 20%

Hubacher et al. Contraception 2009;113-118.
No authors listed). EJCRHC 1998 ;3:169-78.