



IMPLANT COMPLICATIONS - PERSISTENT BLEEDING

DEFINITION	Persistent bleeding or spotting, causing physical symptoms or emotional dissatisfaction in a client who has a subdermal implant.
SUBJECTIVE	May include: 1. Description of bleeding patterns. 2. Medical, sexual, and contraceptive history update, as appropriate. 3. Symptoms of anemia.
OBJECTIVE	May include: 1. Mild anemia symptoms. 2. Pelvic exam. 3. Vital signs.
LABORATORY	May include: 1. Anemia - Hgb/Hct screening. 2. STI vaginitis screening, as indicated. 3. Sensitive urine pregnancy test.
ASSESSMENT	Implant user with persistent bleeding.
PLAN	1. Provide counsel and reassurance on a prn basis. (Research has determined there is no method that has proven to successfully control the bleeding for medium or long term relief.) 2. Advise Ibuprofen 400-800 mg. PO tid x 5 days to decrease uterine spasms. If no relief of bleeding with Ibuprofen try: a. Low dose COC/vaginal ring to stabilize endometrium.(May provide several cycles to try manage bleeding) 3. Discuss removal of Implant if client desires removal. 4. Treat anemia per protocol, if appropriate.
CLIENT EDUCATION	1. Provide education handout(s), review symptoms, complications, and danger signals. Emphasize prior to insertion, irregular, and prolonged bleeding is common and rarely clinically significant. 2. Discuss alternate method if client desires removal. 3. Review safer sex education, if appropriate. 4. Recommend that client RTC for annual exam as appropriate and PRN for problems.

Revised; 03/09, 01/11, 2/14-7/16

References:

1. <http://www.nexplanon.com/en/consumer/main/prescribing-information/>
2. Dickey, Richard P., (2010). Managing Contraceptive Pill Patients, (14th Ed.).Texas: EMIS, Inc. pp. 106-107.
3. Ziemann, M., Hatcher, R.A., Trussell.J., Nelson, A., Cates,W., . Managing Contraception, Ardent Media. 2015, page 150.