

Q&A-Same Day Placement Webinar

Q. Where can we get the SPRs?

A. The SPR can be accessed on the reproductive health page of the CDC website. You can navigate to the reproductive health page by entering into the search field of your browser: CDC US SPR.

Q. Do studies show that the continuation rate for same-day placement vs later placement have the same or better continuation rates?

A. In general, they show that they have the same continuation rates. There is a really important caveat which is how good the counseling was. If you have done a really good job of getting all of her questions answered and making sure she is having a good informed consent process, you should expect to have an excellent continuation rate.

Q. I have a pt coming in this afternoon who has Nexplanon placed 5 days ago at another clinic and she is adamant she wants it out due to dizziness, and feeling funny, any suggestions?

A. Treat this as a patient centered conversation. Ask her probing questions to understand as much as possible about what it is that is bothering her and why it is bothering her. Does she simply want reassurance? Does she want to be not scared? Does she want a bothersome side effect to go away? Does she need more information? Does she want to complain about how terrible something is? Some patients just want to be heard. You want her to know you are on her side and you will take it out if she wants. You want to make sure you have addressed what it is that really matters to her. That is our best chance of being able to not have to remove devices that are not medically necessary to be removed. We need to do whatever we can to make sure the patient feels heard.

Q. I have found that it is easier to place IUDs of all types with a tenaculum placement at 5 and 7 o'clock. The manufacturer's instructions advise 10 and 2. Does it really matter?

A. There is very little data about ideal tenaculum site for placement. Put it wherever you feel comfortable. You can put it on the posterior lip. You can put on the anterior lip. You can go horizontal or vertical. You do not want to put it right over the vessels, otherwise, you are okay putting it wherever you like.

Q. I have noticed the biggest problem w/the implant is irregular bleeding despite treatment w/ ibuprofen and COCs and often leads to early removal. Any suggestions?

A. It is true that irregular bleeding is the largest reason that people discontinue implants. In addition to your suggestions, you could try estradiol or conjugated estrogens. If that does not work, and the patient is not happy with their bleeding, there will be some discontinuations.

Q. Does the ability to get pregnant return immediately to whatever is normal for the woman with both hormonal and non-hormonal LARC?

A. The return to fertility is immediate for all of the LARC methods. A given woman may not be fertile or may have reduced fertility for a wide variety of factors but use of a LARC will not delay her return to fertility.

Q. When can a LARC be placed?

A. Anytime that it can be reasonably certain that woman is not pregnant.

Q. How long is a LARC good for?

A. Up to 3, 5 or 10 years