

# LEVOPLANT Insertion Guide

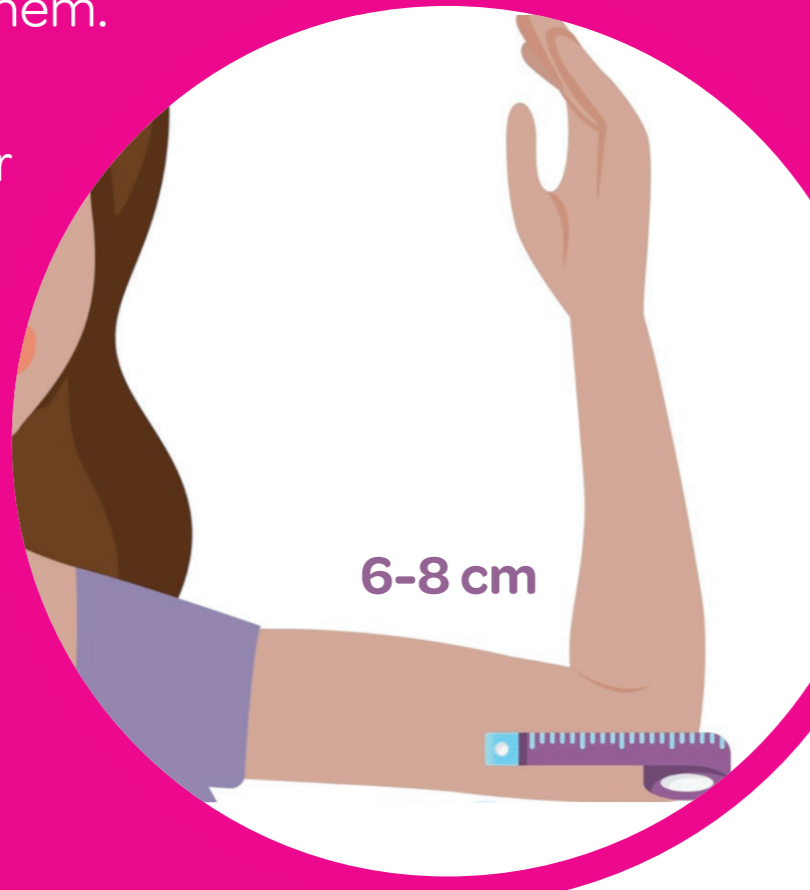
Scan this QR code to view our video tutorial on how to insert Levoplant™



**Levoplant™ is a WHO Prequalified subdermal contraceptive implant, effective up to 3 years**

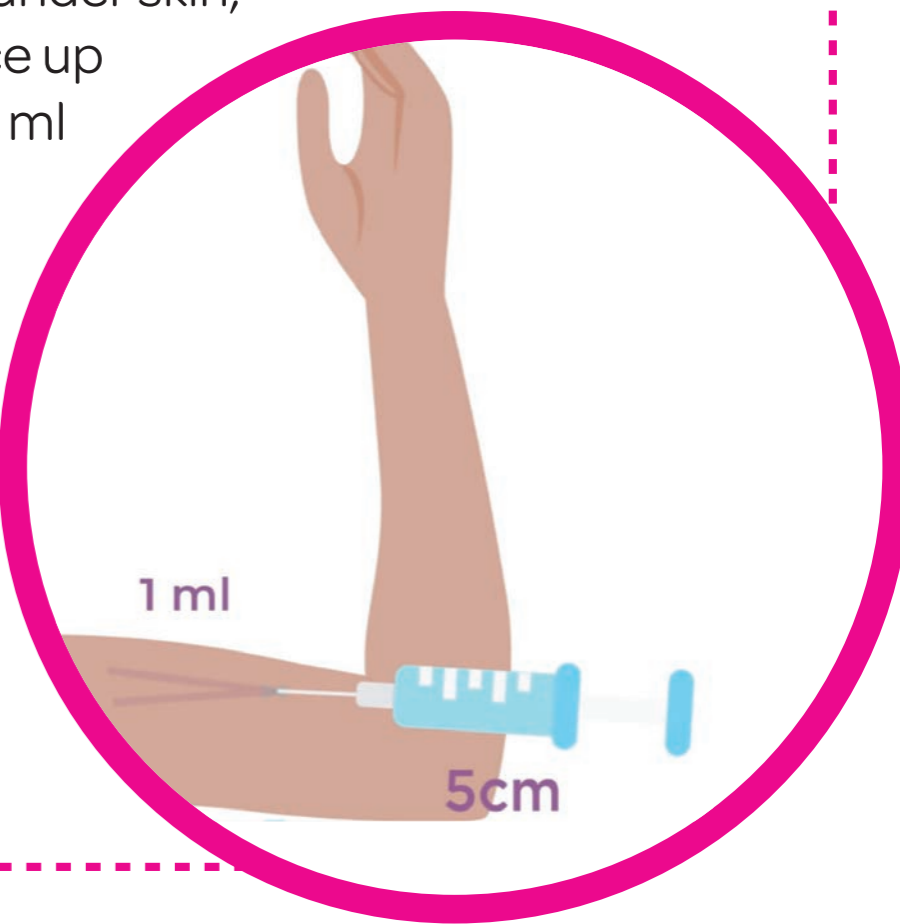
## 1

- Explain the procedure to client and encourage questions.
- Clarify that required sterile or high-level disinfected instruments and implants are present.
- Wash hands and thoroughly dry them.
- Check to be sure that client has thoroughly washed and rinsed her entire arm.
- Position client's arm and place a clean, dry cloth under her arm.
- Mark position on arm for insertion of rods 6 cm to 8 cm above the elbow folder (forming a "V" pattern).
- Put on sterile gloves.



## 2

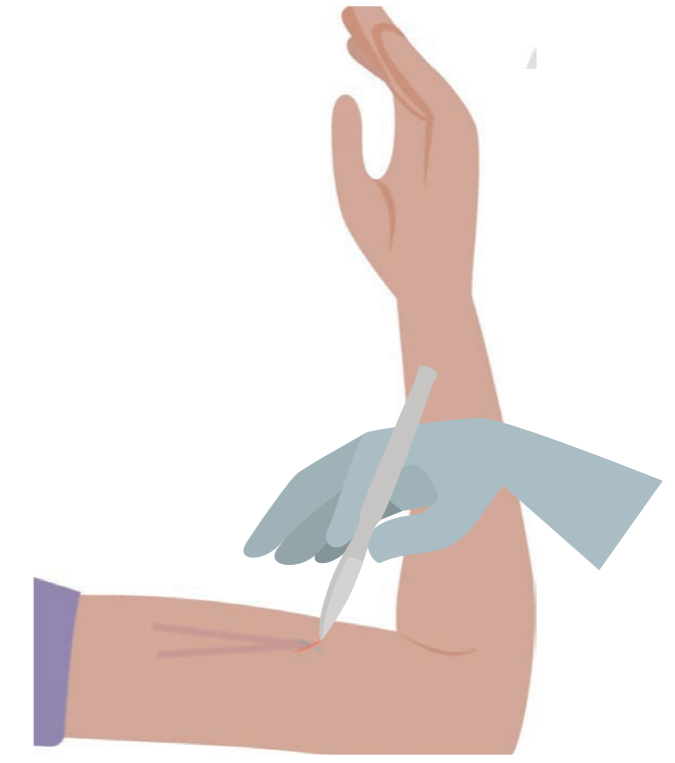
- Set up sterile field and place implant rods and Trocar on it.
- Prep insertion site with antiseptic solution.
- Place sterile or high-level disinfected drape over arm.
- Inject 2 ml of local anesthetic applied just under skin, raise a wheal at insertion point and advance up to 5 cm along the 1<sup>st</sup> insertion track, inject 1 ml of local anesthetic along track while withdrawing.
- Without completely removing needle, reorient to 2<sup>nd</sup> insertion track, advance up to 5 cm, and again inject 1 ml of local anesthetic along track while withdrawing.
- Let arm rest for about 5 minutes and check for anesthetic effect before making skin incision.



## 3

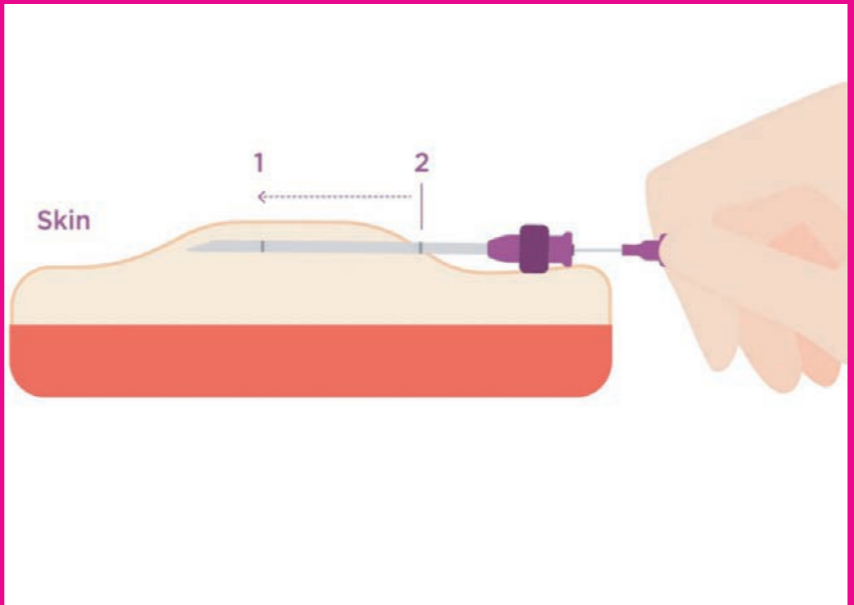
- Make a small incision with scalpel in skin on inside of upper arm **OR** use Trocar to puncture skin.
- Insert tip of Trocar beneath skin at a shallow angle. Gently advance Trocar superficially under skin with bevel facing up while tenting the skin. Skin tenting enables implant to be placed under skin, not deeper into the arm.
- The rod should be placed parallel to skin. **DO NOT** insert Trocar into the arm muscle.

**Note:** The Trocar has two marks on it. The mark closest to the hub indicates how far the Trocar should be introduced under the skin to place the implants. The mark closest to the tip indicates how much of the Trocar should remain under the skin following placement of the first implant.



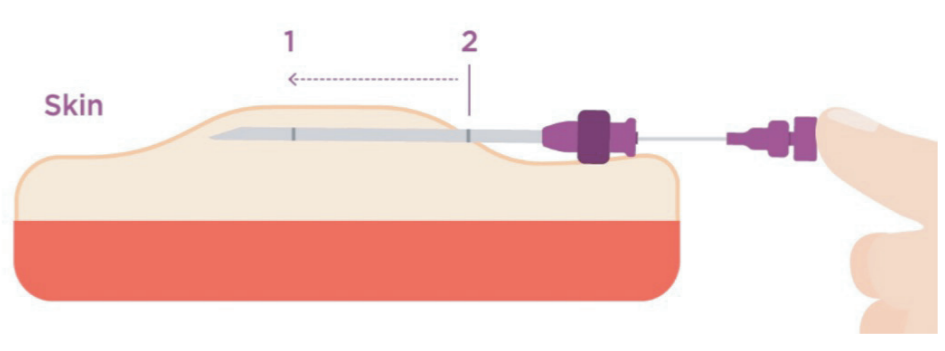
## 4

- After the trocar is inserted to the mark closest to hub, remove obturator and load 1<sup>st</sup> implant into Trocar, using thumb and forefinger.



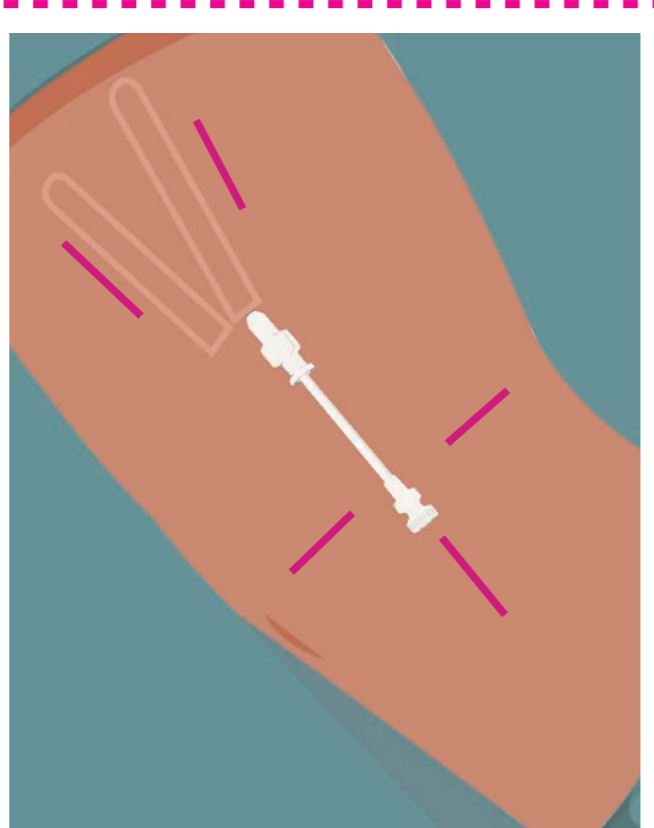
## 5

- Using obturator to push, gently advance implant towards tip of Trocar until resistance.
- Never force obturator.



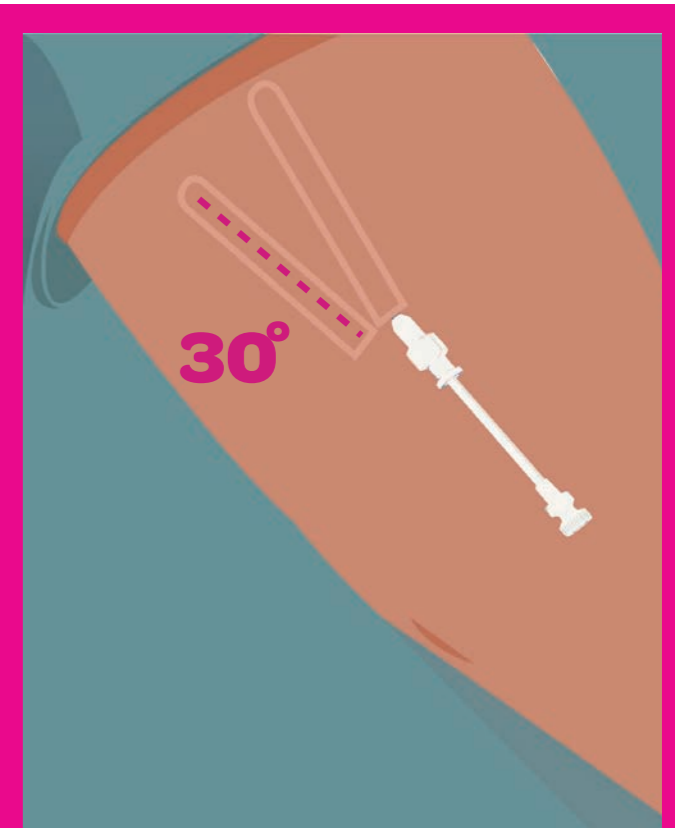
## 6

- Holding obturator stationary, withdraw Trocar to the mark closest to Trocar tip.
- Implant should be released under skin by now.
- It's important to keep the obturator stationary and to avoid pushing implant into tissue.
- Don't completely remove Trocar until both implants are placed.




## 7

- To place 2<sup>nd</sup> implant, align Trocar so that the 2nd implant will be positioned at about a 30° angle relative to 1st implant.
- Repeat steps 3-4.
- Rods are placed in a "V" shape, opening towards the shoulder.
- Leave about 5 mm distance between incision and tips of the implants.
- Remove Trocar and immediately dispose in a sharps container.



## 8

- Remove drape and wipe client's skin with alcohol.
- Bring incision edges together and close using surgical tape, then cover with tape on a sterile gauze (2x2) or an adhesive bandage.
- Apply firm pressure dressing.
- Instruct client regarding wound care.
- Keep area around insertion site dry and clean for at least 48 hours.
- Leave gauze pressure bandage in place for 48 hours and surgical tape or adhesive bandage in place until incision heals (around 3-5 days).
- Discuss with client what to do if she experiences any problems following insertion or side effects from implant. Advise client that she can have the rods removed at any time if desired.
- Make return visit appointment, if necessary.
- Observe client for at least 15-20 minutes before discharging.



# LEVOPLANT Removal Guide

Scan this QR code to view our video tutorial on how to remove Levoplant™



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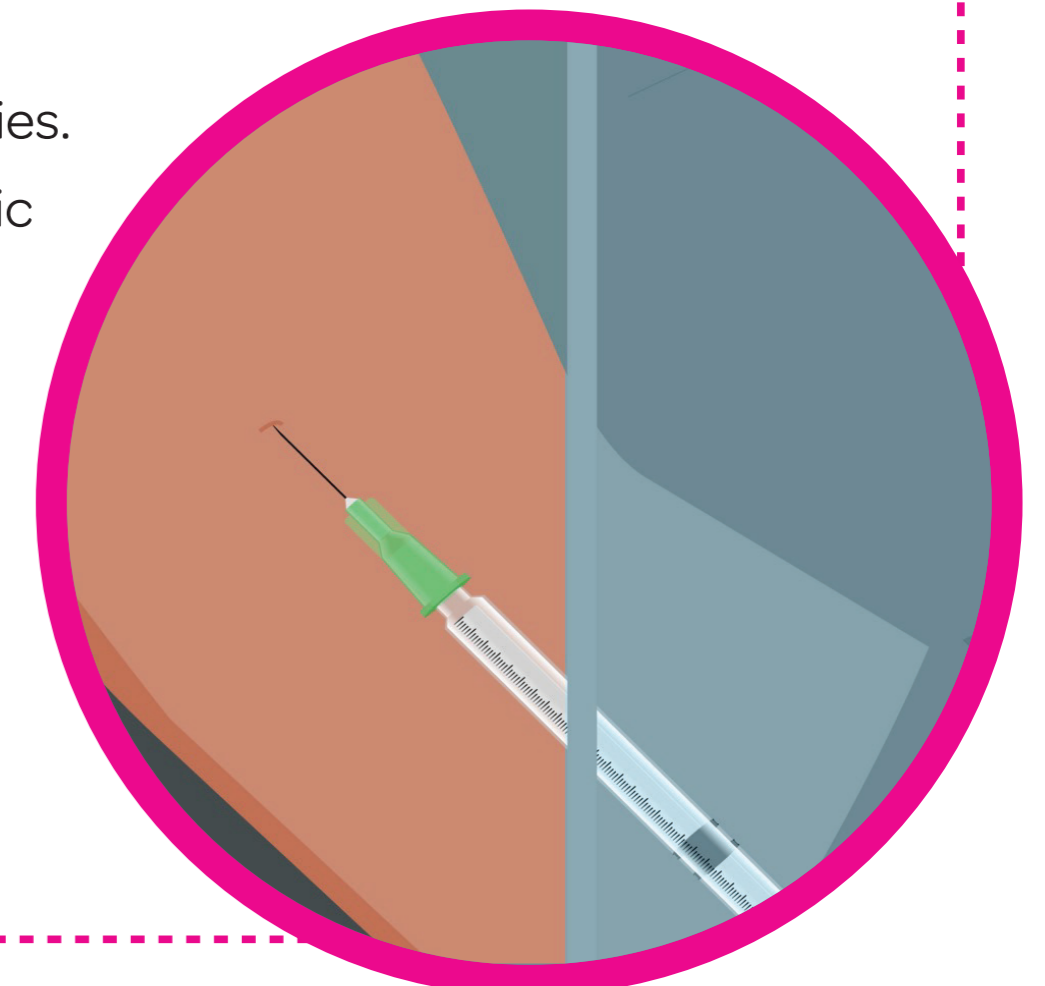
# 1

- Clarify required sterile or high-level disinfected instruments are present.
- Check that client has thoroughly washed and rinsed her arm.
- Explain procedure to client and encourage questions.
- Position client's arm and place a clean, dry cloth under arm.
- Palpate rods to determine position on arm where the tip of rods is palpated.



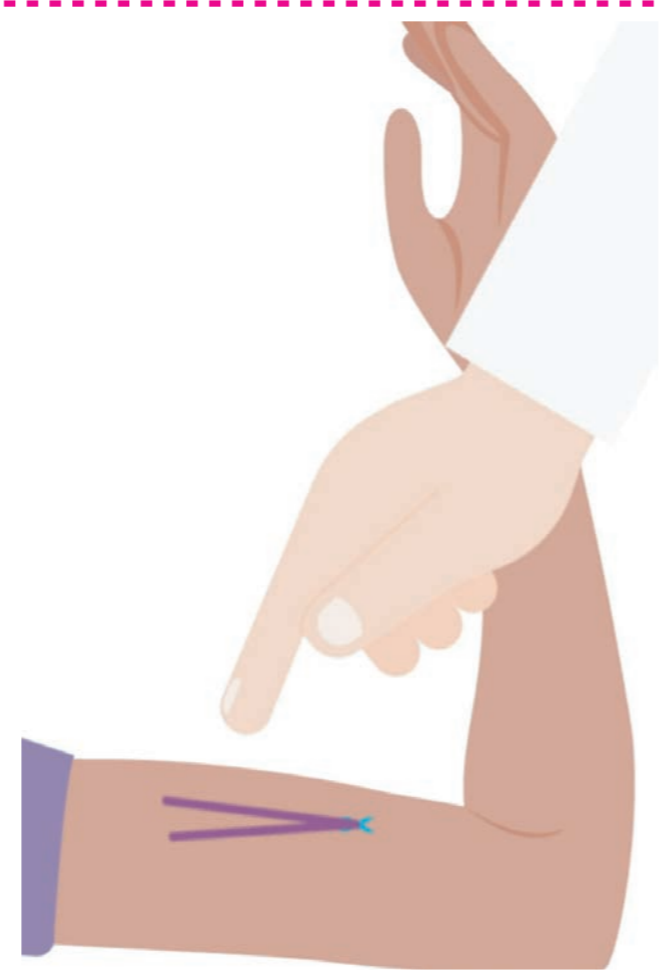
# 2

- Wash hands thoroughly and dry.
- Put on sterile gloves.
- Arrange instruments and supplies.
- Prep removal site with antiseptic solution 2x.
- Place sterile or high-level disinfected drape over arm.
- Inject 1 ml of local anesthetic applied at incision site and under each rod's end.
- Check for anesthetic effect before making skin incision.



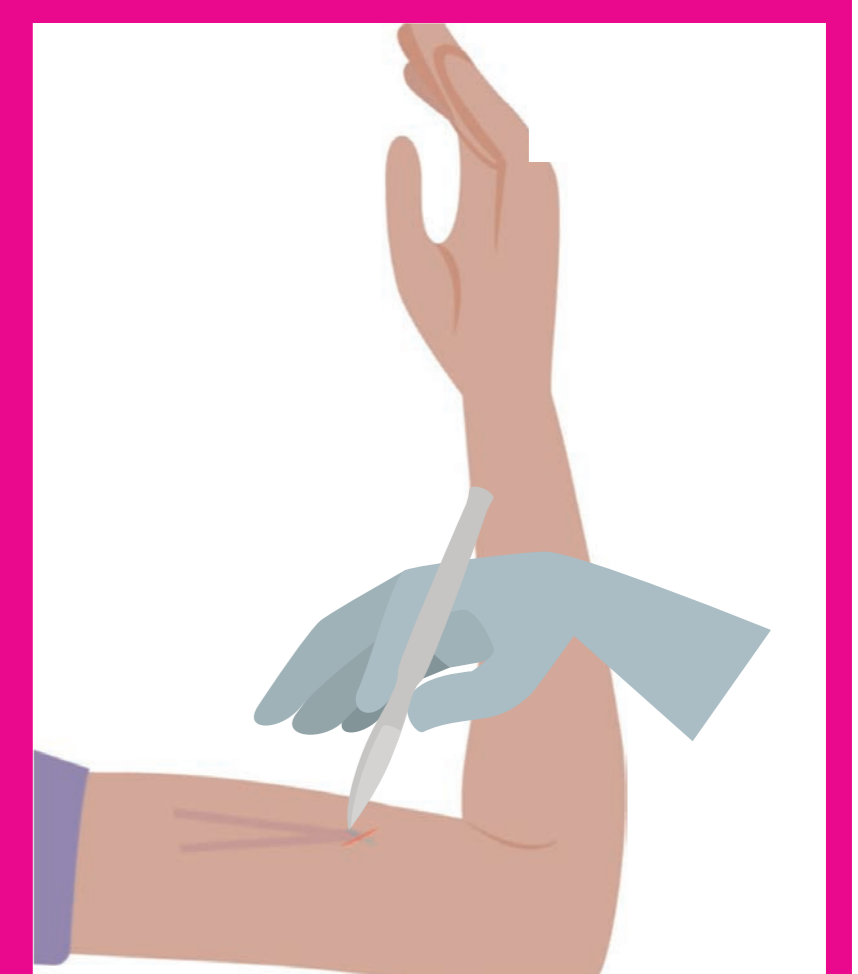
# 3

- Before removal, implants must be located by palpation with ungloved fingers and position of each rod marked.
- To help view the proximal tip near the insertion incision, push down on the distal end of implant.
- After cleaning skin with antiseptic, a small amount of local anesthetic is infiltrated under implant ends.
- Anesthetic injected over the implants may obscure their position and make removal more difficult.



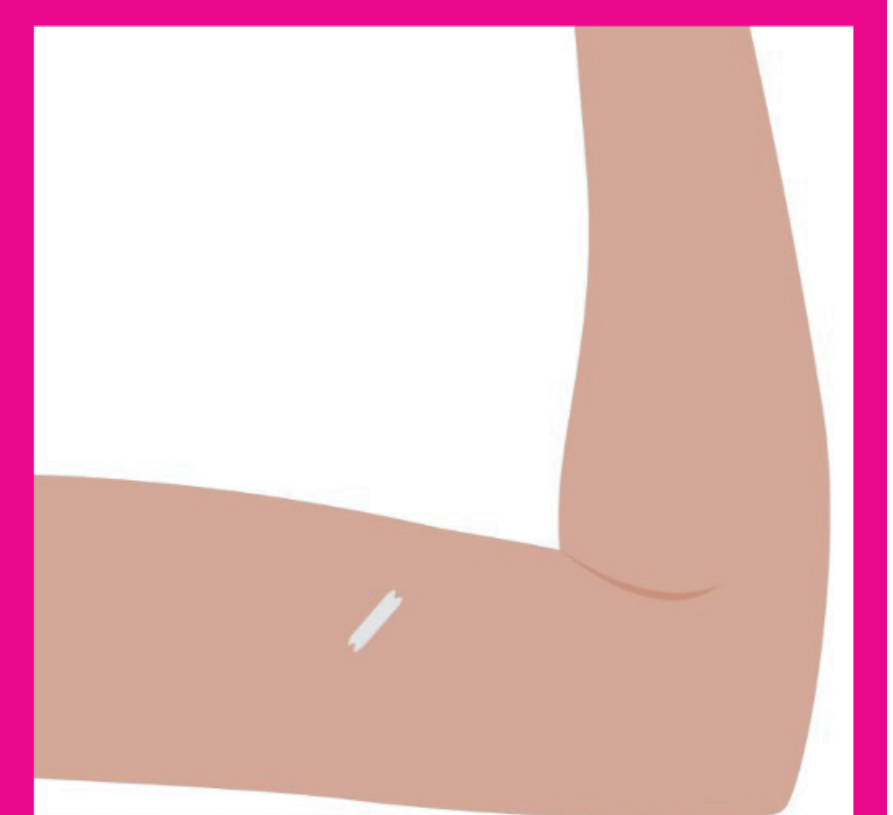
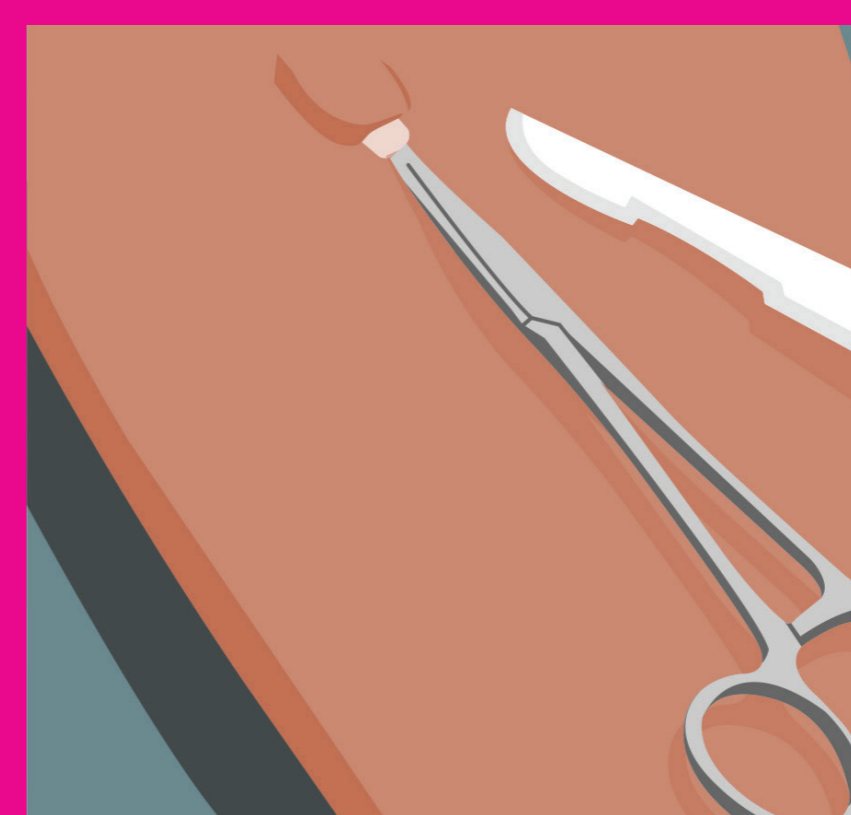
# 4

- A small skin incision of 2-4 mm is made close to the ends of the implants (below the bottom of the "V").
- Do not make a large incision.



# 5

- Push each implant gently with your fingers towards the incision.
- When the tip is visible in the incision, grasp it with the straight Crile/Kelly forceps and gently pull out the rod without twisting or pulling on the rod, as this may lead to rod breakage.
- After the procedure is completed, close the incision, and bandage it as after insertion.
- The arm should be kept dry for 24-28 hours.



## Considerations for implant removal

Levoplant™ should be removed after 3 years of use or at the request of the client at any time. Removal implants can be done at any time in the menstrual cycle.

When removing, if the tip of the implant does not become visible in the incision, gently insert the curved Crile/Kelly forceps into the incision, trying to grasp the implant. Flip the forceps over with your other hand and with the scalpel, carefully dissect the tissue around the implant to expose it and then grasp the implant with the straight Crile/Kelly forceps. The implant can then be removed, being careful to avoid a twisting or pulling motion.

If the implant is encapsulated, grasp and stabilize the exposed rod with the curved Crile/Kelly forceps. Use the scalpel to make a small incision very gently into the tissue sheath to expose the tip of the rod. Use the tip of the scalpel to gently separate the encapsulated tissue from the rod, moving distally, keeping light but steady traction on the rod until the rod is completely freed from the tissue.

Mosquito forceps can be used if Crile/Kelly forceps are not available; however, use of Crile/Kelly forceps has been shown to minimize damage to the implants during removal.

The implants should be removed very gently. This may take more time than the insertion. The implants may be nicked, cut or broken during removal. If removal proves difficult or both implants cannot be removed, the patient should be asked to return for a second visit after the removal area has healed. A non-hormonal method of contraception should be used until both implants have been completely removed. If the patient wishes to continue using the method, a new set of Levoplant™ may be inserted through the same incision, either in the same or in the opposite direction. Loss of contraceptive effect occurs practically immediately after removal, and another contraceptive method should be applied unless pregnancy is desired. Following removal, pregnancy may occur at any time.