

GPES GYNAECOLOGY REFERRALS FOR IMPLANT

Patient requests Contraceptive implant

GPES GYNAECOLOGY REFERRALS FOR LARC
Insertion/Removal or replacement of
contraceptive Implant

Arrange alternative contraception whilst
awaiting contraceptive implant (or if implant
out of date (3 years))

Any contraindications such as:
Breast cancer
Arterial thromboembolism
Decompensated cirrhosis
Hepatocellular cirrhosis
Unexplained vaginal bleeding
Enzyme inducing drugs

check FSRH UKMEC
<https://www.fsrh.org/ukmec/>

Consider referral to sexual and reproductive
health clinics if advise for alternative required

Patient Information/Further Clinical information

CONTRACEPTIVE CHOICES

BROOK Contraception Tool to help patients choose a
method <https://www.brook.org.uk/topics/contraception/>
FPA multiple resources including downloadable leaflets
comparing LARC
<https://www.fpa.org.uk/professionals/resources/>
GPES Implant leaflet aftercare –see attached
FSRH guidelines Implant
<https://www.fsrh.org/documents/cec-ceu-guidance-implants-feb-2014/2fsrh-guideline-progestogen-only-implant-feb-2021.pdf>
PCWHF <https://pcwhf.co.uk/resources>

Sexual and reproductive healthcare clinic details NI

Belfast Trust 028 9504 5500 Monday to Thursday 09:00-11:30, 13:30-15:30
Friday 09:00-11:30
South Eastern Trust 028 9041 3796 Monday, Tuesday, Thursday and Friday from
09:00-12:30
Southern Trust 028 3756 2200 Monday + Wednesday, 9-12:30 and 13:30-15:30,
Friday 09:30-12:00 or contraception@southerntrust.hscni.net
Western Trust 028 7132 1758 (Brae Clinic) Monday – Friday 09:00-17:00
Omagh Hospital and Primary Care Complex | 028 8283 5536
Monday – 9:00am – 5:00pm
Thursday – 9:00am – 5:00pm
South West Acute Hospital | 028 6638 2693
Wednesday: 9:00am – 5:00pm
Northern Trust 028 2826 6163 9:00-1:30pm, Monday to Friday

IMPLANT AFTERCARE

Breakthrough bleeding

See guidelines for BTB on contraception

Infection

Infection. The GDG suggests that early intervention with antibiotics/incision and drainage is appropriate if infection is suspected and that removal should be considered, certainly if the implant has erupted through the skin.(FRSH IUD Guidelines)

Deep Implant

Deep Implant/Non palpable. Check both arms to ensure not palpable, carry out pregnancy test and give alternative contraception until can confirm implant present. Consider need for emergency contraception. Refer to deep implant clinics – Dr A McMaster, S+RH, 16 College Street, Belfast BT1 6BT or anne.mcmaster@belfasttrust.hscni.net

Training in Implant insertion

Gp federation link to apply for training for letter of competence (LOC) in implants in GPES gynaecology clinic

<https://forms.gle/fLzSabs7XcZAJ4cCA>

FSRH training details for diploma in FSRH, LOC in coils/implants <https://www.fsrh.org/education-and-training/>

Find a trainer <https://www.fsrh.org/find-a-trainer/>

GPES GYNAECOLOGY COIL REFERRALS

Exclusion criteria for GPES clinic

- Red Flags for gynaecology/unexplained vaginal bleeding
- Any history of thermal balloon ablation, large fibroids, cardiac arrhythmias, known history distortion of uterine cavity, HIV infection and CD4 count is <200, pelvic TB
- Patient wanting general anaesthetic for coil insertion
- If an ultrasound pelvis/abdomen is required i.e lost threads

Request for IUD
(GPES clinic provide copper coil, mirena, kyleena)

Any contraindications for IUD
Check UKMEC FSRH for
contraindication
<https://www.fsrh.org/ukmec/>

IUD contraindicated

Refer to GPES
Insertion/Replacement of IUD (copper coil)
for contraception
Insertion/Replacement of IUS
(mirena/kyleena) for contraception

Consider alternative method of
contraception OR
Refer to Sexual and
Reproductive Healthcare
[Contraception Guidelines](#)

Consider smear up to date
and vulvovaginal swab for
CT/GC

Cover with contraception
such as COCP,POP in
meantime if no current cover
or coil in situ and out of date.

Is **EMERGENCY
CONTRACEPTION (EC)**
required. If wanting
emergency copper coil refer
to local S+RH clinic

Risk factors for STI

- Being sexually active and aged <25 years old
- Having a new sexual partner in the last 3 months
- Having more than one sexual partner in the last year
- Having a regular sexual partner who has other sexual partners
- A history of STIs
- Attending as a previous contact of STI
- Alcohol/substance abuse.

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GPES GYNAECOLOGY COIL REFERRALS

Patient resources

Leaflets contraception <https://www.fpa.org.uk/professionals/resources/>

<https://www.brook.org.uk/topics/contraception>

Leaflet on Chlamydia <https://www.bashhguidelines.org/media/1133/ct-pil-screen-oct-2016.pdf>

Professional resources

FSRH

IUD guidelines <https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/>

Emergency Contraception <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

Implant <https://www.fsrh.org/documents/cec-ceu-guidance-implants-feb-2014/2fsrh-guideline-progestogen-only-implant-feb-2021.pdf>

PCWHF <https://pcwhf.co.uk/resources>

BASHH for STI guidelines <https://www.bashh.org>

Copper Coil (IUD)	Mirena Coil (IUS)	Kyleena coil (IUS)
Non hormonal - Copper Contraception Lasts 5 – 10 years depending on brand Periods can be heavier/longer/more crampy No hormonal side effects 99% + effective	Hormonal – Levonorgestrel 52mg Contraception or HRT or Treatment HMB Lasts 5 years Amenorrhoea/lighter periods Can have progesterone side effects 99% + effective	Hormonal – Levonorgestrel 19.5mg Contraception Lasts 5 years Amenorrhoea/ lighter periods (possibly more bleeding days than mirena) Can have progesterone side effects 99% + effective Smaller therefore potentially easier to fit compared to mirena

COMPLICATIONS FROM COIL INSERTION

Bleeding	Refer to Breakthrough Bleeding Trouble Shooting
Infection	Treatment abx and no improvement 72hrs consider removal. Refer GUM
Lost threads	Refer to Gynae opd / Family planning service for USS to confirm in situ. Do pregnancy test, consider emergency contraception and alternative contraception in meantime.
Expulsion	Remove if partially expelled. Consider emergency contraception and providing alternative contraception – See EC Algorithms Here & Here
Perforation	Depends on clinical picture of patient as to management. Ultrasound scan and then, if indicated, a plain abdominal and pelvic X-ray should be arranged as soon as possible. Alternative contraception.

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TOP TIPS FOR STARTING INHOUSE COIL FITTING SERVICE

Adhoc fitting clinic verses procedure booked clinic

Procedure clinic preferable as:

- Provide a safer environment
- Sufficient time
- Allocated assistance/chaperones
- Adequately resourced environment
- General more patient friendly

Human Resources

- Have you right number of fitters trained for the practice population
- Have you trained chaperones/assistants
- Training for admin staff
- Ensure succession planning

1 month before

- Order Stock
- Book chaperone
- Set up clinic in the system, any protocols and a waiting list

1 week before

- Check stock in place

1 day before

- Contact patients on list to confirm attending and can have coil fitted
- Ensure room all set up
- Check chaperone/assistant available and happy with procedure/emergencies

Suggested equipment includes but not limited to: Teales vulsellum (metal disposable), disposable uterine sounds, instillagel, variety of sizes of speculums, dilators, mayo scissors (17cm), Spencer Welles forceps (17cm), IUD/IUD devices

Link for [training for letters of competency](#)