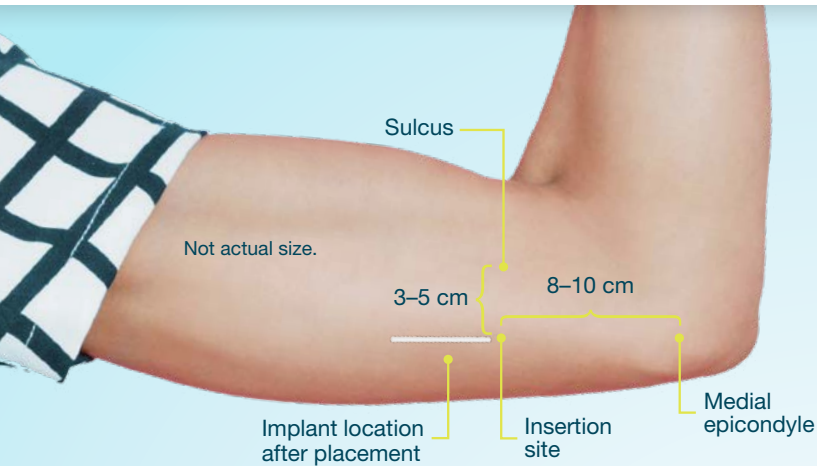


NEXPLANON[®] placement and removal



Here's what you should know before you get started



NEXPLANON[®] is placed in the arm with a preloaded applicator

Subdermally at the inner side of the non-dominant upper arm overlying the triceps muscle

Here's what you'll need:

Equipment for PLACEMENT AND REMOVAL:

- Examination table
- Surgical marker
- Sterile surgical drapes
- Local anesthetic, needles, and syringe
- Sterile gloves
- Pressure bandage and sterile gauze
- Antiseptic solution

Equipment for PLACEMENT ONLY:

- Adhesive bandage

Equipment for REMOVAL ONLY:

- Sterile scalpel
- Forceps (straight and curved mosquito)
- Sterile adhesive wound closure

Insertion and removal should be performed under aseptic conditions by a qualified HCP who is familiar with the procedure.

NEXPLANON[®] (etonogestrel extended-release subdermal implant) is indicated for the prevention of pregnancy for up to 3 years.

This overview is not intended for training purposes. Refer to the NEXPLANON[®] Product Monograph for complete placement and removal information or contact Organon Canada at 1-844-820-5468 for further guidance.

OVERVIEW OF NEXPLANON® PLACEMENT

Before placement:

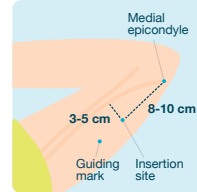
- Examine the packaging for damage; do not use the applicator if you notice any damage.

During placement:

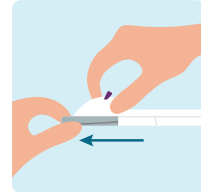
- To help make sure the implant is placed just under the skin, position yourself to see the advancement of the needle by viewing the applicator from the side and not from above the arm.



Have the patient lie on her back on the table. Her non-dominant arm should be positioned with the elbow flexed and the hand underneath the head (or as close as possible).



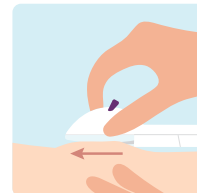
Identify, mark, clean, and anesthetize the placement site.



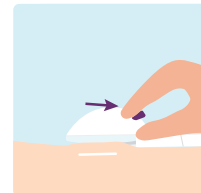
Remove the protection cap from the preloaded NEXPLANON® applicator. **Do not touch the purple slider yet.** Stretch the skin around the insertion site towards the elbow.



Puncture the skin with the needle slightly angled (< 30°) and insert until the bevel (slanted opening of the tip) is just under the skin and no further.



Lower the applicator to a nearly horizontal position and lift the skin with the needle while sliding the needle to the full length.



Without moving the applicator, unlock the purple slider and move it back fully until it stops. The implant is now in its final subdermal position.

After placement:

- Remove the applicator and apply a small adhesive bandage over the insertion site.
- Always verify the presence of the implant immediately after placement by palpation.**
- Apply sterile gauze with a pressure bandage. The patient may remove the pressure bandage in 24 hours and the small adhesive bandage after 3–5 days.

If the rod is not palpable after placement:

- The implant may not have been placed (check the applicator) or it may have been placed deeply.
- Until you have verified the presence of the implant, the patient must use a non-hormonal contraceptive method.
- Deeply placed implants should be localized and removed as soon as possible to avoid the potential for distant migration.



SEE HOW NEXPLANON® IS PLACED

Please refer to the Product Monograph for information regarding localization of non-palpable implants.

OVERVIEW OF NEXPLANON® REMOVAL

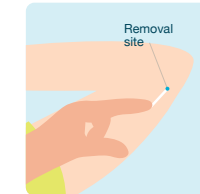
(for implant that is palpable)

Before removal:

- Confirm the exact location of the implant by palpation.
- If the implant is not palpable, it should always be located prior to attempting removal.



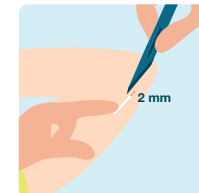
Have the patient lie on her back on the table. Her arm should be positioned with the elbow flexed and the hand underneath the head (or as close as possible).



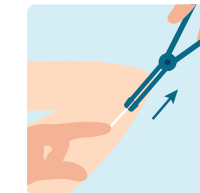
Locate the implant by palpation. Push down the end of the implant closest to the shoulder to stabilize it; a bulge should appear at the tip of the implant closest to the elbow. If not, removal of the implant may be more challenging.



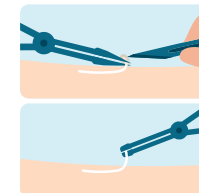
Mark, clean, and anesthetize the removal site. Be sure to inject the local anesthetic under the implant.



While stabilizing the implant, make a longitudinal 2 mm incision over the tip of the implant, closest to the elbow.



The tip of the implant should pop out of the incision. If not, gently push the implant toward the incision until the tip is visible. Grasp the implant with forceps and remove, if possible. You may need to gently remove adherent tissue from the tip of the implant using blunt dissection.



If the tip of the implant is not visible in the incision:

- Place forceps superficially into the incision and gently grasp the implant and flip the forceps into your other hand.
- With a scalpel, carefully dissect the tissue around the implant and grasp the implant with another pair of forceps.
- The implant can then be removed.

After removal:

- Measure the implant to check that the entire rod (4 cm long) has been removed.
- Close the incision with a sterile adhesive wound closure. Apply sterile gauze with a pressure bandage.

When to refer for removals:

- If the implant is not palpable or removal is challenging (i.e. deep implant), it should be removed by an HCP experienced in removing deeply placed implants.
- If the implant cannot be grasped, stop the procedure and refer the patient to an HCP experienced with complex removals or contact Organon at 1-844-820-5468.

Please see the Product Monograph for information regarding localization and removal of a non-palpable implant.



SEE HOW NEXPLANON® IS REMOVED

Join the clinic finder network!

**CONTACT YOUR ORGANON THERAPEUTIC SPECIALIST AT
NEXPLANONINFO@ORGANON.COM TO SEE HOW YOU CAN BE PART
OF THE CLINIC FINDER NETWORK.**

Please consult the Product Monograph at https://www.organon.com/canada-en/nexplanon-pm_e for important information relating to clinical use, contraindications, warnings, adverse reactions, drug interactions, and dosing instructions that has not been discussed in this piece.

The Product Monograph is also available through our medical department by calling 1-844-820-5468.

Reference: NEXPLANON® Product Monograph. Organon Canada Inc., Organon Canada Inc., February 28, 2024.

