

Getting started on NEXPLANON®

NEXPLANON® is a birth control implant to help prevent pregnancy in adult women for up to 3 years.



[NEXPLANON.ca](https://www.NEXPLANON.ca)*



*This landing page is open to the general public.

Welcome to NEXPLANON®! This guide will help you understand more about NEXPLANON®: what it is, how it works, and what you need to know while you're using it. You'll also learn what to expect during the insertion and removal procedures.

If you still have questions after reading this guide, visit **NEXPLANON.ca*** and speak with your healthcare professional.

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About NEXPLANON®

What is NEXPLANON®?

NEXPLANON® is a **birth control implant** that is placed under the skin, on the inside of your upper arm. It's used to prevent pregnancy in adult women for **up to 3 years**.

The implant is a small, soft, flexible plastic rod that's about the size of a matchstick.

NEXPLANON® must be removed or replaced by the end of your 3rd year. If you are overweight, the doctor may suggest replacing your implant earlier.



Product is shown for illustrative purposes only;
not actual size.

How does NEXPLANON® work?

NEXPLANON® contains a hormone called **etonogestrel**. It does not contain estrogen. NEXPLANON® will continuously release a small amount of etonogestrel into your blood.

Etonogestrel works to prevent pregnancy in 2 ways:



1. It stops the monthly release of an egg from your ovaries.



2. It causes changes in your cervical mucus, making it hard for sperm to enter your uterus.

How does NEXPLANON® work?

NEXPLANON® is a long-acting, reversible contraceptive, or LARC, which means it is used to provide birth control over a long period of time.



NEXPLANON® can be left in place for up to 3 years.*



NEXPLANON® can be removed at any time. You may be able to get pregnant as early as 1 week after the implant is removed. If you wish to continue to prevent pregnancy, start a different type of birth control right away.

LARCs are highly effective in preventing pregnancy.

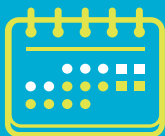
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Starting NEXPLANON®

When should NEXPLANON® be inserted?

The timing of insertion is important. You and your healthcare professional will decide when to have the implant placed. It will depend on your personal situation, including your menstrual cycle, whether you are using other types of birth control, and if you have recently had a baby, miscarriage, or abortion. Unless you are switching from another type of birth control, **NEXPLANON® is usually placed between Day 1 and 5 of your menstrual cycle.** This is to avoid the chance that you will be pregnant during the insertion.

IMPORTANT: Before insertion, tell your healthcare professional if you are pregnant or think you might be pregnant (i.e. if you had unprotected sex during the current menstrual cycle).



Back-up birth control

If NEXPLANON® cannot be inserted until after the 5th day of your cycle, you may need to use another form of birth control for the first 7 days.

Was NEXPLANON® inserted **between Day 1 and 5** of your menstrual cycle?

NO

Use a barrier method (such as condoms) for the first 7 days after insertion.

YES

You do not need to use back-up birth control.

Before insertion, tell your doctor if you are pregnant or think you might be pregnant (i.e. if you had unprotected sex during your current menstrual cycle).

How is NEXPLANON® inserted?

NEXPLANON® is inserted by your doctor, who is trained to do this, during a small surgical procedure. The implant will be placed just under the skin, on the inside of your non-dominant upper arm (i.e. the arm you don't write with).

To insert NEXPLANON®, your doctor will do the following:

- ◆ Mark the correct spot for insertion.
- ◆ Clean the area and use a local anesthetic to numb your arm.
- ◆ Place the implant using the NEXPLANON® applicator. The applicator has a small needle, which will puncture your skin. This allows the implant to be inserted under the skin.



Immediately after insertion, your doctor will feel for the implant in your arm. They will also ask you to feel it. You should be able to feel both ends between your thumb and finger.

Caring for your arm after insertion

The insertion area will be covered with two bandages:

A small bandage over the insertion site

- ◆ This should stay on for 3–5 days.
- ◆ Try to keep it clean, dry, and in place.

A pressure bandage, which is applied to help minimize bruising

- ◆ Leave this bandage on for 24 hours.

You may experience pain, numbness, bleeding, infection, or scarring at the site after insertion and removal.



TIP: To protect the insertion site, consider a bath instead of a shower. If you do shower, try wrapping your arm in plastic wrap or a small towel.

Using NEXPLANON®

Will your period pattern change?

It is possible that your period pattern will change while you are using NEXPLANON®.

1 in 5 women reported that their periods:

- ◆ Stopped
- ◆ Were more frequent/longer

If your bleeding pattern changes, it does not mean that NEXPLANON® does not suit you or is not working. Contact your doctor if your period bleeding is heavy or does not stop.



Track your bleeding during the first 3 months using a period tracker. The bleeding pattern you have during this time should generally continue throughout the time that you're using NEXPLANON®.

Tips while using NEXPLANON®



Implant awareness

Your doctor will show you how to feel for NEXPLANON® under the skin of your upper arm. **You should feel for the implant occasionally.**

If, at any time, you cannot feel it:

- ◆ Let your doctor know right away.
- ◆ The implant may have moved from the place it was inserted and may need to be removed.
- ◆ Use a non-hormonal birth control method, such as a condom, until your doctor confirms that your implant is in place, or until it has been removed and replaced.

If your doctor has trouble locating your implant, they may use an X-ray or other imaging tests to help locate it.



Safe sex

NEXPLANON® does not protect against sexually transmitted infections (STIs), including HIV/AIDS.

To protect yourself against STIs, use latex or polyurethane condoms while you are using NEXPLANON®.



Regular health exams

How often you visit your doctor will depend on your personal situation, but while you are using NEXPLANON®, you will need to have regular check-ups.

Your first check-up should be about 3 months after NEXPLANON® has been inserted. Additional check-ups will be scheduled periodically thereafter.



Removing NEXPLANON®

How is NEXPLANON® removed?

NEXPLANON® can be removed at any time but must be removed by the end of the 3rd year. It is removed by a doctor who is familiar with the removal process.

If you are overweight, your doctor may suggest replacing your implant earlier.

To remove NEXPLANON®, your doctor will do the following:

- ◆ Locate the implant.
- ◆ Use a local anesthetic to numb your arm.
- ◆ Make a small incision and remove the implant.
- ◆ Close the incision with a bandage.

Caring for your arm after removal

Just like after NEXPLANON® was inserted, your doctor will cover the area with two bandages:



A small bandage over the insertion site

- ◆ This should stay on for 3–5 days.
- ◆ Try to keep it clean, dry, and in place.



A pressure bandage, which is applied to help minimize bruising

- ◆ Leave this bandage on for 24 hours.

In some cases, movement of the implant has been reported. If it cannot be found, your doctor may have to use X-ray, CT, ultrasound, or MRI techniques to find it. If the implant has moved from its original position, was broken while in the arm, or was inserted too deeply, removal may be more complicated. Sometimes, the implant is surrounded by hard tissue, which will make it more difficult to remove. If this is the case, your doctor will make a small incision into this tissue.

CT: computerized tomography; MRI: magnetic resonance imaging

What are your options after removal?

You can choose to:

Continue with NEXPLANON®

A new implant may be inserted immediately after the old implant is removed. In some cases, the same incision can be used. However, this will only be possible if the insertion site was correct.

Try to get pregnant

You may be able to get pregnant as early as 1 week after the implant is removed. It's generally recommended to wait until you have a natural period before trying to conceive.

Start another form of birth control

You should start it on the same day that NEXPLANON® is removed.



Important Safety Information

What are the possible risks with insertion and removal?



Insertion/removal site

You may experience a drop in blood pressure, dizziness, or fainting, some bruising, pain, numbness, bleeding, infection, or scarring at the site after insertion and removal.

Migrated implant

It's possible that the NEXPLANON® implant could move from the original insertion site in your arm. This might happen if it is not inserted correctly or as a result of force, like during contact sports.

If the implant moves, finding it may be difficult. In this case, you may need a bigger incision or surgery to remove it. If the implant cannot be found and there are no signs that it has come out, the effects of NEXPLANON® and the risk for side effects may last longer than you want.

In rare cases, implants have been reported to be found in a blood vessel, including in the lung (the pulmonary artery). **If the implant cannot be found in the arm, your doctor may use X-ray or other imaging methods to find it.** In some cases where NEXPLANON® has been found in the pulmonary artery, chest pain and breathing problems (such as shortness of breath, cough, and coughing up blood) were reported. Contact your healthcare professional immediately if you have any of these symptoms. If the implant is found in your chest, you may need surgery to remove it.

Broken or bent implant

The implant could break or bend while in your arm. This should not affect how the implant works. Breakage or bending may occur due to external forces. The broken implant may move from the insertion site.

What side effects are possible?

You may experience side effects while using NEXPLANON®. It's helpful to know what they are, so you know what to look out for.

Possible side effects from NEXPLANON® include period bleeding that is not regular (lighter or heavier bleeding, more or less frequent periods, continuous bleeding, longer or shorter periods, no period at all); painful period; ovarian cyst; vaginal infection or abnormal discharge; decreased sex drive; breast pain or tenderness; inflammation of the vagina; vaginal pain; milky discharge from the breast; breast enlargement; pain or reaction at the insertion site (including redness, swelling, bruising, numbness); fatigue; drowsiness or trouble sleeping; flu-like symptoms, fever, pain; back pain; abdominal, joint, muscle, or bone pain; headache, migraine, dizziness; depression, anxiety, nervousness; mood swings (uncontrollable laughing or crying); nausea, gas; weight gain or loss; increased appetite; diarrhea, constipation, vomiting; acne, rash, hair loss; hot flushes; excessive hair growth; skin itching; oily skin; yellowish-brown patches on the skin particularly on the face; hives; dandruff; fluid retention; sore throat; stuffy or runny nose; urinary tract infection; painful or difficult urination; increased blood pressure; abnormal blood test results.

These are not all the possible side effects you may have when taking NEXPLANON®. If you experience any side effects not listed here, tell your healthcare professional.



Your healthcare team is available to support you. Be sure to tell your doctor about any side effects that you are concerned about.

Visit **NEXPLANON.ca*** for more helpful tips, important information, and answers to your frequently asked questions about NEXPLANON®.

Do not use NEXPLANON® if you are pregnant or think you might be pregnant; have a clotting disorder or have had blood clots in your leg (deep venous thrombosis), lungs (pulmonary embolism), eyes (retinal vascular occlusion), heart (heart attack), or brain (stroke); have, think you have, or have previously had breast cancer or any cancer that is sensitive to the female hormone progesterin; have liver disease or liver tumours that may be either cancerous or not; have unexplained vaginal bleeding; or are allergic to etonogestrel or any of the other ingredients in NEXPLANON®. If any of these conditions appear for the first time while using NEXPLANON®, tell your doctor right away.

Talk to your doctor about using NEXPLANON® if you have had a liver disease; have diabetes; are overweight; have high cholesterol or a high level of triglycerides; have high blood pressure, kidney problems, or a condition that causes you to retain fluid; wear contact lenses; are going to have surgery; have mobility issues; or suffer from depression, epilepsy, or tuberculosis. If you use NEXPLANON® and have any of the above conditions, you may need to be kept under close observation. If the condition develops or gets worse while you are using NEXPLANON®, tell your doctor right away.

NEXPLANON® may increase your risk of breast cancer, liver tumours (in rare cases), gallbladder disease, thrombosis, ectopic pregnancy (if you become pregnant while using NEXPLANON®), ovarian cysts, certain skin conditions, and idiopathic intracranial hypertension. Please refer to the Patient Medication Information included in your NEXPLANON® package for additional information related to warnings and precautions.

Information about NEXPLANON® is provided in the Product Monograph and Consumer Information, available at https://www.organon.com/canada-en/nexplanon-pm_e.

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