

Trouble Shooting Difficulties Managing LARCS

Maya Bass MD MA FAAFP

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Disclosures

- I have none

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Learning Objectives

Identify	Risk Factors for Difficult Insertions
Practice	Breathing techniques and non-coercive language for calming and counseling patients
List	Trouble shooting techniques for difficult IUD insertions and removals
Assess	When referral to a specialist is required

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Who are you?



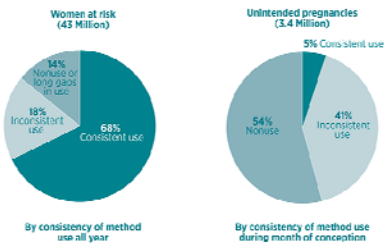
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MODERN CONTRACEPTION WORKS

In 2008, the two-thirds of U.S. women at risk of pregnancy who used contraceptives consistently accounted for only 5% of unintended pregnancies.



NOTES: "Nonuse" includes women who were sexually active, but did not use any method of contraception. "Long gaps in use" includes women who did use a contraceptive during the year, but had a gap in use of a month or longer when they were sexually active. "Inconsistent use" includes women who used a method in all months that they were sexually active, but missed taking some pills, or skipped one or more times, or used their barrier method on a regular basis during some parts of their cycle. "Consistent use" includes women who used any given method consistently and correctly during all months when they were sexually active, or having those who used a long-acting or permanent method.

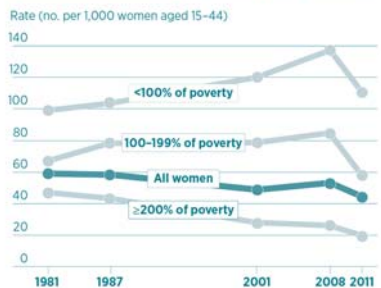
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www.guttmacher.org

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UNINTENDED PREGNANCY RATES

Unintended pregnancy is increasingly concentrated among low-income women.




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Summary



LARC is an effective version of contraception



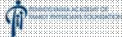
Contraception decreases the risk of unintended pregnancy



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Difficulties with IUD Insertion

- Patient Distress
- Placing the speculum
- Visualizing the os
- Extreme uterine position
- Stenotic os
- Patient is on Testosterone
- Vasovagal response
- Perforation



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Calming a distressed patient



Breathing



Eye Contact





Pausing







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Describing the things in the room: Footrest, Table	Describing movements: Let legs fall to the side
Words Matter!	
Stay away from saying the word "Relax"	What words do you use?

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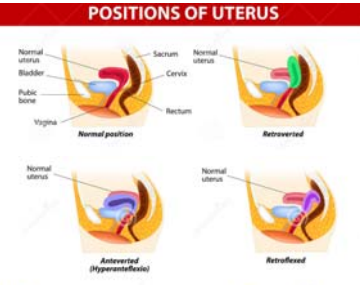
 Difficulty seeing the cervical os

 Move patient further down so hips are off the table	 Add a glove or side walls to speculum	 McRoberts Manuever
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DO A BIMANUAL FIRST & USE A TENACULUM WITH GENTLE TRACTION

POSITIONS OF UTERUS



Downloaded from www.studymaterials.com

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Stenotic Os

- Cervical Block
 - Os Finder
 - Dilators
- Misoprostol?
 - Insufficient data to prove benefit

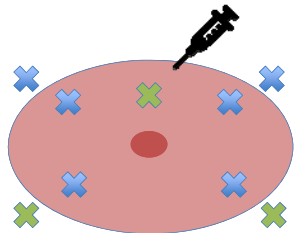
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Consider a Cervical Block

Lidocaine with Epi.

10ccs total



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For Patients on Testosterone

Use appropriate Pronouns

Topical Estrogen for 2 weeks prior


Good idea for any pelvic exams

There are places that can do this under GA


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Vasovagal Response: Warning Signs




HAVE A MA ASSESS



CLAMMY SKIN



SLURRING WORDS








PATIENT REPORT

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Vasovagal Response

-  Head Down
-  Legs Up
-  Cold Pack or cool cloth
-  Flex hands and wiggle toes
-  Keep patient prone

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Increased Perforation Risk

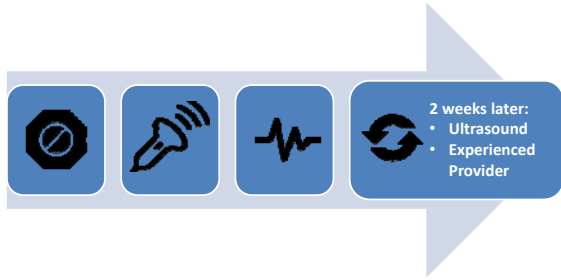


- C-section
- Post-partum or breast-feeding
- Extreme anteversion or retroversion
- Fibroids

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Perforation Suspected



Now
Trouble
Shoot A
Case

A 20yo GOPO comes in for IUD placement

What
would
you do if
she was
nervous?


What if
you
couldn't
find her
os?

What if
you
couldn't
get
through
her os?


Summary

- Language is important
- Relaxation Techniques
- Visualizing the os
 - Patient Position
 - Side walls
- Extreme uterine position
 - Tenaculum
- Stenotic os
 - Os finder
 - Cervical block
 - Dilators
- Patient is on Testosterone
 - Use of topical estrogen
- Vasovagal response
 - Head down, legs up, cool cloth, hand and foot wiggle
- Perforation
 - Ultrasound, vital signs, can try again in 2 weeks.


Difficult IUD removals




MALPOSITIONED



MISSING STRINGS



EMBEDDED



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LARC Removals



You do not lose, if they want to remove



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Malpositioned


Reassure

- Normal for them to move
- Still effective

Monitor for 3 months

- If tolerable

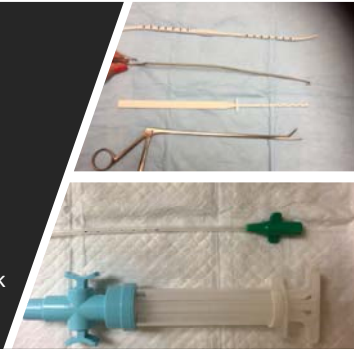
Ultrasound



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Missing Strings

1. Cytobrush
 2. Ultrasound
 3. Thread Retriever *
 4. IUD hook *
 5. Alligator Clamp *
 6. Manual Vacuum Aspirator *
- * Consider Cervical Block



Embedded



Ultrasound



Referral for hysteroscopy



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Let's Try Another Case

A 32 yo comes in for removal of his IUD

- What counseling should you do?
- What should you do if you can't find the strings?
- What would you do if you tug and it doesn't come out?



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Summary

- Malposition**
 - In the Cervix? Remove
 - Asymptomatic? Reassure
- Missing Strings**
 - Cytobrush
 - Ultrasound
 - Thread Retriever
 - IUD Hook
 - Alligator Clamps
 - MVA
- Embedded**
 - Refer

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Implant Placement

Proper Positioning

Proper placement
• UPDATED TRAINING

Lidocaine WITH epi

Counsel about bruising

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POP OUT TECHNIQUE

<https://vimeo.com/274167054>

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Difficult Removal


Deep Broken



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Deep implant:
Causes

-  Improper Placement
-  Weight Gain
-  Migration (RARE)



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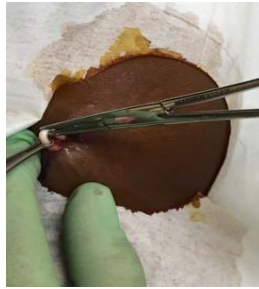
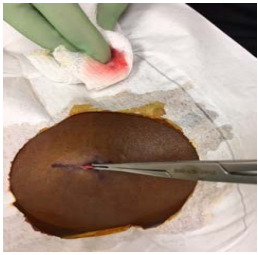


Proper Placement



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Removal of Deep Implants



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If you can't feel it,
Refer it


Broken Implant



- Make sure to measure
- Parallel incision over each part

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Summary

- Proper placement is the best prevention 
- Deep
 - Consider parallel incision and vas clamps
- Broken
 - Measure to make sure it is all gone
- Can't feel it?
 - Refer for Ultrasound guided removal
 - Merck Experts

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Billing For Encounter

Code	Descriptor	Additional Considerations	
Z30.014	Encounter for initial prescription of intrauterine contraceptive device	Excludes1	encounter for insertion of intrauterine contraceptive device (Z30.430, Z30.432)
Z30.017	Encounter for initial prescription of implantable subdermal contraceptive		
Z30.430	Encounter for insertion of intrauterine contraceptive device		
Z30.431	Encounter for routine checking of intrauterine contraceptive device		
Z30.432	Encounter for removal of intrauterine contraceptive device		
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Encounter for replacement of intrauterine contraceptive device	
Z30.46	Encounter for surveillance of implantable subdermal contraceptive	Encounter for checking, reinsertion or removal of implantable subdermal contraceptive	
Z97.5	Presence of (intrauterine) contraceptive device	Excludes1	checking, reinsertion or removal of implantable subdermal contraceptive (Z30.46) checking, reinsertion or removal of intrauterine contraceptive device (Z30.43-)

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Billing for IUD

58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
J7297	LNG-releasing IUD (Liletta), 52 mg
J7298	LNG-releasing IUD (Mirena), 52 mg
J7296	LNG-releasing IUD (Kyleena) 19.5mg
J7301	LNG-releasing IUD (Skyla), 13.5 mg
J7300	Copper IUD (Paragard)

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Billing for Implant

11981 Insertion, non-biodegradable drug delivery implant

11982 Removal, non-biodegradable drug delivery implant

11983 Removal with reinsertion non-biodegradable drug delivery implant

J7307 Etonogestrel (contraceptive) implant system, including implant and supplies (Nexplanon)



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Resources



- "Pop out" implant removal technique: <https://vimeo.com/274167054>
- Liletta insertion video (this link doesn't always work, you may have to google "Liletta insertion video": <https://www.lilettahcp.com/resources/placement>
- ARHP Copper IUD insertion video <https://www.youtube.com/watch?v=FuPFbgSm0QQ>
- ARHP Mirena IUS insertion video <https://www.youtube.com/watch?v=hfV8tKgw6E>
- Implant insertion video: <https://www.youtube.com/watch?v=1KPltHQZ9w> (It may substitute out something better for this one, if something better is produced in the next few months)
- LARC training resources at getLARC.org <http://getlarc.org/training/>

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Patient Resources



- Picking an IUD: <http://www.reproductiveaccess.org/resource/iud-facts/>
- Implants: <http://www.reproductiveaccess.org/resource/progestin-implant/>
- After progestin IUD is placed: <http://www.reproductiveaccess.org/resource/progestin-iud-user-guide/>
- After copper IUD is placed: <http://www.reproductiveaccess.org/resource/copper-iud-user-guide/>
- After implant is placed: <http://www.reproductiveaccess.org/resource/progestin-implant-user-guide/>
- General contraception: <https://www.bedsider.org>

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Clinician Resources



- Switching Methods:
http://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf
- CDC US Medical Eligibility Criteria long version:
<https://www.cdc.gov/reproductivehealth/contraception/usmec.htm>
- Quick start algorithm:
<http://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf>
- Medical eligibility by the CDC for LARC and other methods:
https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf

Reproductive Health Access Project

Reproductiveaccess.org



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Apps


CDC MEC




Contraception Point-of-Care



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Questions



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References

- Hatcher et al, Contraceptive Technology 2011
- Managing Contraception – book online @ www.managingcontraception.org
- CDC Medical Eligibility Criteria for Contraceptive Use
- Association of Reproductive Health Professionals www.arhp.org
- Alan Guttmacher Institute www.agi-usa.org
- www.contraceptiononline.org
- Planned Parenthood www.plannedparenthood.org
- The Cochrane Collaboration www.cochrane.org
- www.Not-2-Late.com
- Reproductive Health Access Project www.reproductiveaccess.org
- Prine, L and Shah, M. Long-Acting Reversible Contraception: Difficult Insertions and Removals. *Am Fam Physician*. 2018 Sep 1;98(5):304-309.



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