**Long Acting Reversible Contraception (LARC)**

**Introduction**

Long Acting Reversible Contraception (LARC) is recommended for all contraceptive users and are [recommended by NICE](https://www.nice.org.uk/guidance/cg30/chapter/1-Recommendations#contraceptive-provision). Advantages include:

* They are the most effective forms of contraceptive available
* LARC methods contain progesterone only, and therefore have a good safety profile.
	+ See the UK medical eligibility criteria [(UKMEC)](https://www.fsrh.org/ukmec/)  for more details on safety
* They contain lower daily doses of hormones compared to pills
* They are the most cost effective contraceptives
* Fertility returns to baseline quickly when stopped.
	+ The exception is MDPA which may result in 6-12 months delayed return of ovulation
* Patients can compare different methods ‘side by side’ on the [Family Planning Association/Sexwise website](https://www.sexwise.org.uk/contraception/which-method-contraception-right-me)

**Types of LARC and duration**

* [Intrauterine contraception](https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/) (IUC)
	+ Hormone-containing coils (3-5 years)
	+ Non-hormone coils (5-10 years)
* [Subdermal implant (SDI, Nexplanon®)](https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-implants-feb-2014/) (3 years)
* [Medroxyprogesterone acetate (MDPA)](https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/) Injectables (12 weeks)
	+ Intramuscular injection (depo provera®)
	+ Subcutaneous injection for patient self-administration (sayana press®)

**How to refer**

* **You can find the LARC referral form on our website and on Remedy**
* Where patients are eligible to self-refer, but have presented to you in GP first, please provide a referral to improve referral triage
* Please send referrals through the electronic referral service (eRS)
* If you need to refer a complex or vulnerable patient please complete the LARC form with details.
* **If urgent please contact 0117 342 26913 during working hours for our professional advice line**

**Who to refer:**

Please use the flow diagrams to guide referral decisions. More details about steps to take for referral are below.

1. **Does your patient need referral to secondary care?**
* IUCs should be inserted in primary care (including sexual health) unless:
	+ There are specific medical issues preventing primary care fit
	+ It is fitted as part of an operative procedure or TOP
* Please note Unity Sexual health cannot fit coils for purely non-contraceptive purposes (e.g. for hormone replacement therapy (HRT) or menorrhagia management alone)
1. **Does your patient need referral to sexual health?**
* Any patient in BNSSG requesting IUD/IUS or implant fitting who is aged 20 or over will need to be referred by their GP
	+ Patients aged <20 can self-refer and or attend Unity Young People’s clinics
	+ Vulnerable patients aged>20 can be discussed on a case-by-case basis
	+ **Where patients are eligible to self-refer, but have presented to their GP first, a referral letter is still helpful for our triage process**
	+ There is a separate pathway for emergency intrauterine contraceptive devices (emIUD)
	+ MDPA Injectables do not require referral
1. **What to do before referral for IUC or SDI**
2. **Referral for fitting**
	1. Prevent pregnancy whilst the patient awaits LARC
		1. Consider [bridging](https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/quick-starting-contraception/) with another form of contraception e.g. POP
	2. IUC fit considerations
		1. An IUC can only be fitted if there is no risk of pregnancy. This is assessed using the criteria in Box 1, page 5 of the [Intrauterine contraception](https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/) guideline
		2. Further information for patients about IUC fit is found [here](https://www.unitysexualhealth.co.uk/wp-content/uploads/2019/10/PracticalAdviceBeforeYouHaveIntrauterineContracept-1.pdf) and a self-assessment form is [here](https://www.unitysexualhealth.co.uk/wp-content/uploads/2020/02/IUD-and-IUS-self-assessment-updated-18.10.19_LH-15-Jan-20.docx)
	3. SDI fit considerations
		1. The SDI can be quick-started even if there is a pregnancy risk
		2. Further information for patients about SDI ….
3. **Referral for removal/ refit**
	1. There is patient advice about stopping contraception [**here**](https://www.unitysexualhealth.co.uk/contraception/i-want-to-stop-using-contraception/)
	2. IUC removal considerations
		1. There is a risk of pregnancy if an IUC is removed within 7d of having UPSI. Therefore unless planning to conceive, An IUC cannot be **removed, or removed and replaced with another IUC** if unprotected sex has taken place in the last 7 days
	3. If the referral is for a complex removalensure the **steps below** have been taken

**Problems with IUC and SDI**

Patients can use the Unity website for information about [managing LARC problems](https://www.unitysexualhealth.co.uk/contraception/having-problems-with-your-contraception)

**IUC**

1. **Post-fit symptoms and information**
	1. Mild pain and bleeding is common after an IUC fit. Patients will receive a leaflet about [what to expect after a coil fit](http://foi.avon.nhs.uk/download.aspx?did=23423)
	2. The FSRH have a [Problematic bleeding](http://www.fsrh.org/standards-and-guidance/documents/ceuguidanceproblematicbleedinghormonalcontraception/) guide for clinicians
2. **Lost threads**
	1. Women should be taught to self-examine for coil threads and/or have a thread check 4-6 weeks after fit
	2. ‘Lost threads’ may indicate that the threads have moved inside the cervix but coil is in the correct place (most common), that the coil has been expelled (1 in 20), or that the coil has perforated (~1 in 1000)
	3. The following steps are initial advice for managing lost threads in primary care
		* 1. History
				1. Pregnancy risk?
				2. Need for emergency contraception today?
				3. Concerns about perforation? (recent fit, difficult procedure, pain)
			2. Examination
				1. Speculum – are threads visible?
			3. Assessment
				1. Perform pregnancy test
				2. If no threads seen:

Emergency contraception

Quick-start alternative contraception

Refer for a transvaginal ultrasound scan (TVUSS) to locate IUC

* + - * 1. If threads seen at speculum:

reassure patient

teach patient how to check threads

1. **Referral to Unity for lost threads**
	* + 1. If a TVUSS shows the IUC in the uterus, the patient can be referred to Unity sexual health for a complex (‘lost threads’) removal using the LARC referral form.
				1. The patient needs to have had a TVUSS within the last 6 months for removal to take place.
			2. If TVUSS shows no IUC in the uterus:
				1. The patient will need abdominal imaging to exclude a perforation
2. Other IUC problems and troubleshooting
	1. Urgent problems should be discussed via the professional advice
	2. See also FSRH [Intrauterine contraception](https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/) guideline

**Post SDI Implant fit**

**Routine follow-up after implant fitting is not required**. Review if:

* 1. They cannot feel their implant
	2. It appears to have changed shape or been damaged
		1. If a device is damaged it is recommended that the problem is reported to the manufacturer and the MHRA yellow card scheme.
	3. They notice any skin changes, sensation changes, or pain around the site of the implant
	4. They have a positive pregnancy test
	5. They develop any condition which may contraindicate continuation of the method
	6. They start or are due to start an enzyme-inducing drug.
1. **Implant problems**
	1. Urgent problems should be discussed via the professional advice line as above
	2. **If the patient has any neurological symptoms the GP should directly refer the patient to Plastics without further delay.**
	3. For non-urgent problems, use the LARC referral form and please state the nature of the problem, and always state whether the implant is palpable.
		1. If you have attempted removal, we will need 3 weeks for the wound to heal before we can see them
	4. If the implant is impalpable, do not assume that this is due to a ‘deep insertion’. Occasionally it may be due to a removal that has not been documented, or a non-insertion.
		1. Check pregnancy test
		2. Offer emergency and alternative contraception
		3. **Refer to Unity Sexual Health for a complex (impalpable implant) removal**
2. **Other Implant troubleshooting:** refer to [SDI guideline](https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-implants-feb-2014/)

**Additional resources**

* Contraceptive safety [(UKMEC)](https://www.fsrh.org/ukmec/)
* FSRH method guides <https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/method-specific/>
* LARC decision making aid for patients [Family Planning Association/Sexwise website](https://www.sexwise.org.uk/contraception/which-method-contraception-right-me)
* IUC fitting advice for patients [here](https://www.unitysexualhealth.co.uk/wp-content/uploads/2019/10/PracticalAdviceBeforeYouHaveIntrauterineContracept-1.pdf)
* IUC post fitting advice for patients here
* IUC removal advice for patients [**here**](https://www.unitysexualhealth.co.uk/contraception/i-want-to-stop-using-contraception/)