



Améliorer l'accès aux services d'implants de qualité: Assurer l'accès au retrait des implants grâce à des innovations dans la formation

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PLANIFICATION FAMILIALE

Le Partenariat de Ouagadougou

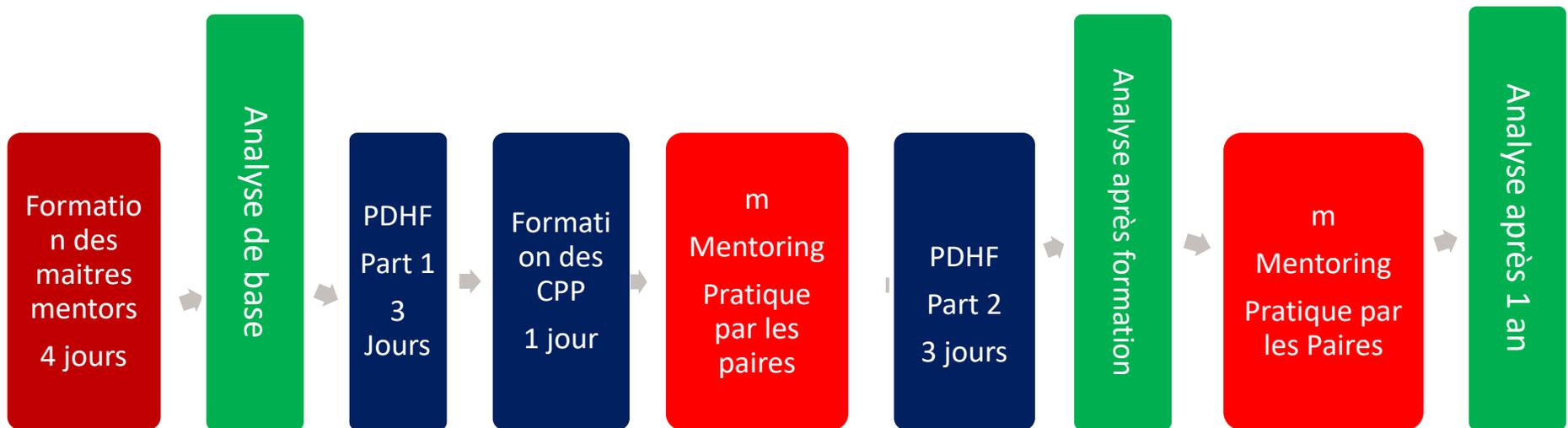
Problem Statement

- Différents défis rendent les services de retrait des implantation plus difficiles à offrir que l'insertion:
- La formation de retrait des implants est difficile en raison de petit nombre clients et des limitations du modèle de simulation
- Les prestataires manquent de confiance
- Le manque des kits, matériels et fongibles est très courant

Solutions

- Jhpiego pilote des approches de formation pour surmonter les problèmes de capacité liés aux services de retrait des implants
- Au Kenya, Jhpiego est en train de développer des Centres d'Excellence pour le retrait des implants pour servir les structures sanitaires à proximité.
- En Ouganda, Jhpiego utilise une approche de formation sur le site caractérisée par la «faible dose, haute fréquence», où la formation sur place est jumelée à des visites d'équipes mobiles

LDHF Intervention Design



QUALITY OF CONTRACEPTIVE IMPLANTS REMOVAL SERVICES ASSESSMENT CHECKLIST

Application: This tool should be used by facility in charges or facility FP mentors to assess the quality of implant removal services in their facilities on a quarterly basis with the aim of responding to the gaps identified.

CAPACITY OF SERVICE PROVIDERS IN PROVISION OF IMPLANT REMOVAL SERVICES

ITEM	NO.	COMMENT
STAFFING		
1. Number of staff in the MCH department or facility eligible to provide contraceptive implants NB: For hospitals use MCH data, for other facilities use facility data		
2. Number of staff who can provide implant insertion services on a regular basis (At least once a month)		
3. Number of staff who can provide implant removal services on a regular basis (At least once a month)		
4. Number of staff who can provide difficult implant removal services		
5. Number implant providers updated on infection prevention 1 year		

INFRASTRUCTURE

6. Is there adequate lighting in the FP service provision room?
7. Is there adequate ventilation in the FP service provision room?
8. Is there auditory privacy in the counseling room?
9. Is there visual privacy in the FP service provision room?

Skills Update for Contraceptive Implant Side Effect Management and Removal
Learner Workbook

October 2016

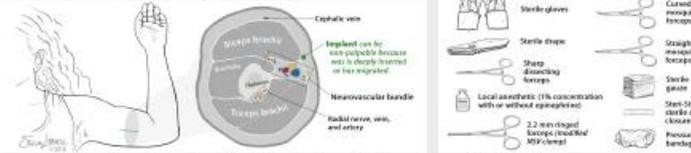


On-the-job Skills Update

Difficult Removal Job Aid

UNION FAMILIALE de Ouagadougou

DEEP IMPLANT REMOVAL: Modified-U Technique



It is very important to locate the implant by deep palpation or ultrasound, before attempting removal.

- Perform procedure after implant has been located by deep palpation or ultrasound. Mark the position of implant from deep palpation OR if ultrasound was used, position arm exactly as it was during ultrasound localization and identify markings by sonographer.
- Prep incision site with antiseptic solution and drape. Inject 1-3 ml of 1% lidocaine down to implant and in area of planned dissection.
- Make longitudinal 3-5 mm incision, directly above the middle of the implant.
- Bluntly dissect tissue by opening and closing straight forceps to depth of implant; if implant is under muscle fascia, use sharp and blunt dissection with forceps to slightly open fascia.
- After reaching implant, use ringed forceps to grasp implant perpendicularly and bring implant/heat complex to level of incision.
- The ring portion of the ringed forceps fits snugly around the width of the implant.
- Bring implant to level of incision, use sharp dissecting forceps to dissect off fibrous capsule formed around it.
- Pull implant out from where it is exposed with straight or ringed forceps.
- Ensure that the complete rod has been removed; show it to the client.
- Close the incision site with Steri-Strips or sterile skin closure.
- Apply pressure bandage dressing to minimize bleeding and bruising.

Facility COE Qualification Checklist



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