

2.5 EXTERNAL CONDOM

TITLE	DESCRIPTION
DEFINITION:	<p>The external condom is a barrier method of contraception. It acts as a physical barrier by covering the penile glans and shaft. The external condom prevents pregnancy by blocking the passage of semen and prevents infections by covering the major portals of entry and exit for many STI pathogens. Because of their coitally-dependent nature, condoms must be used consistently and correctly with each act of intercourse to be effective. Among contraceptive methods that are physical barriers, external condoms provide the most protection of the genital tract and effective protection against many STIs, including human immunodeficiency virus (HIV).</p> <p>External condoms are available in a variety of shapes, sizes, colors, and thicknesses, as well as with or without lubricants or spermicides, and with or without reservoir-tip or nipple-ends. Condoms can be straight-sided or tapered toward the closed end, textured (e.g., ribbed) or smooth, solid-colored or nearly transparent, and odorless or scented or flavored. External condoms are made from three types of material – latex, natural membrane, and synthetic. More than 80% of external condoms commercially available in the United States are manufactured from natural rubber latex.</p> <p>*Also known as the male condom.</p>
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. No history of latex allergy in client or partner.
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Penile abnormalities which preclude use of condom (erectile dysfunction).
LABORATORY:	N/A.
ASSESSMENT:	Candidate for use of external condom.
PLAN:	<ol style="list-style-type: none"> 1. Provide client with manufacturer's instructions. 2. Offer ECP as needed.
EDUCATION:	<ol style="list-style-type: none"> 1. Review client education handout(s). Review manufacturer's inserts. Review side effects, complications, efficacy and danger signs. Note: Stress that the external condom <u>cannot be used</u> with another external latex condom or internal condom and external condoms are <u>not reusable</u>. 2. Review safer sex education, as appropriate. 3. Recommend that client RTC for method evaluation annually and PRN for problems. 4. Among couples using condoms for contraception, about 13 of every 100 will become pregnant during the first year of typical use. 5. Educate client not to use Vaseline or any oil based lubricants with latex condoms, as these products may weaken the condoms and lead to breakage. Client may want to use contraceptive spermicide if additional lubrication is needed.

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	<p>6. Educate client to check the condom for visible damage, such as holes, before and after intercourse. Condoms in damaged packages or that show obvious signs of deterioration (e.g., brittleness, stickiness or discoloration) should never be used.</p> <p>7. Educate client if he/she does not use a condom or if the condom tears, leaks, breaks, or falls off;</p> <ul style="list-style-type: none"> a) DO NOT DOUCHE. b) Wash genitals with soap and water immediately after intercourse to reduce the risk of acquiring a STI. c) Then insert an applicator full of spermicide into the vagina as soon as possible. d) Emergency contraception may be used to prevent pregnancy if started up to 120 hours (5 days) after having unprotected intercourse but works best the sooner it is started. e) Contact your health care provider as soon as you can. <p>8. Educate client that unlike latex condoms, natural membrane condoms (or “lambskin” condoms) may permit the passage of viruses, including hepatitis B virus, herpes simplex virus, and HIV and many not provide the same level of protection against STIs as latex condoms.</p> <p>9. Educate client that latex and synthetic condoms can also be used during anogenital and orogenital intercourse to reduce the risk of STIs, including HIV (though, to date, the FDA has not officially cleared any condoms for such use). Encourage clients to use condoms consistently and correctly with every act of anal, vaginal, and oral intercourse.</p>
REFERRAL TO MEDICAL PROVIDER:	No specific need to refer to physician.
REFERENCES:	<p>1. <i>Hatcher RA, et al (2018). Contraceptive Technology, 21st Ed. New York, NY: Ayer Company Publishers, Inc. pp 431-445.</i></p>