

ARTICLE/BOOK REVIEWS

potential breach of confidentiality, we did not think it appropriate to send a reminder by post.

Summary and conclusions

The results of the study can be summarised as follows:

1. In this group of clients using Implanon no pregnancies occurred.
2. In our experience, the continuation rate at 3 years was only 30.2%. However, the continuation rates at 1 and 2 years were 69.8% (60 cases) and 44.1% (38 cases), respectively.
3. Irregular bleeding was the main reason for discontinuation (40%). Mood swings and weight gain accounted for 10% each.
4. Of the 26 women who had their Implanon in place for 3 years, 16 (61.5%) women had their Implanon replaced with a new one.
5. Twenty (18.9%) clients failed to return to our service for removal of their implant after the 3-year period and the reasons for this are unknown. Two clients returned after the 3-year period for device removal. We may need to implement a recall system to ensure that all women return for implant removal at the appropriate time.
6. Incidentally, 44 women were overweight; 40 (37.7%) women were in the weight range 70–100 kg and four (3.8%) exceeded 100 kg. Although Implanon has proven to be an effective contraceptive for women in this weight range, the efficacy of Implanon in this subgroup of women needs further exploration.

Recommendations for practice

Based on the present study, we can make the following recommendations:

1. On giving the Implanon card (showing the due date for removal) to the client it is important to stress that it is her responsibility to return, since we do not have a reminder system in place. This fact can also be documented in the client's notes.

2. With the client's consent, her GP can be informed about the Implanon fitting.
3. The Implanon counselling sticker, which documents the various points discussed with the client during her consultation including the date by which the device should be removed, can also be attached to the client's notes.

Acknowledgement

The authors are grateful to Dr Suzanne Murphy (Luton RDSG Co-ordinator, Institute for Health Services Research, University of Luton, Luton, UK) for her help with analysing the study data.

Statements on funding and competing interests

Funding. None identified

Competing interests. None identified

References

- 1 Rai K, Gupta S, Cotter S. Experience with Implanon® in a northeast London family planning clinic. *Eur J Contracept Reprod Health Care* 2004; **9**: 39–46.
- 2 Davies GC, Feng LX, Newton JR, Van Beek A, Coelingh-Bennink HJ. Release characteristics, ovarian activity and menstrual bleeding pattern with a single contraceptive implant releasing 3-ketodesogestrel. *Contraception* 1993; **47**: 251–261.
- 3 Edwards JE, Moore A. Implanon: a review of clinical studies. *Br J Fam Plann* 1999; **24**: 3–16.
- 4 Smith A, Reuter S. An assessment of the use of Implanon in three community services. *J Fam Plann Reprod Health Care* 2002; **28**: 193–196.
- 5 Power J, Guillebaud J. Long acting progestogen contraceptives. *Practitioner* 2002; **246**: 332–333.
- 6 Croxatto HB, Makarainan L. The pharmacodynamics and efficacy of Implanon. *Contraception* 1998; **58**: 91S–97S.
- 7 Croxatto HB, Urbancsek J, Massai R, Coelingh Bennink H, van Beek A. A multicentre efficacy and safety study of the single contraceptive implant Implanon. *Hum Reprod* 1999; **14**: 976–981.
- 8 Affandi B. An integrated analysis of vaginal bleeding patterns in clinical trials of Implanon. *Contraception* 1998; **58**: 99S–107S.
- 9 Agrawal A, Robinson C. Spontaneous snapping of an Implanon® in two halves *in situ*. *J Fam Plann Reprod Health Care* 2003; **29**(4): 238.
- 10 Pickard S, Bacon L. Persistent vaginal bleeding in a patient with a broken Implanon®. *J Fam Plann Reprod Health Care* 2002; **28**: 207–208.

Book Reviews

Chromosome Abnormalities and Genetic Counseling. RJ McKinlay Gardner and GR Sutherland. New York, NY: Oxford University Press, 2004. ISBN: 0 19 514960 2. Price: £49.50. Pages: 555 (hardback)

This is a weighty specialist text, now in its third edition. Since the first edition in 1989, the text has expanded vastly to take in repercussions of assisted reproduction and of the Human Genome Project. Nevertheless, this book retains a very human face, the writers consciously remembering the clients who continue to ask essentially the same questions about the impact of chromosomal abnormality on their families.

Although written for genetic counsellors and cytogenetic laboratory scientists, this text has much to enlighten the practitioner in day-to-day reproductive health. The fascinating section on reproductive failure explains how frequently chromosomal anomalies are responsible for recurrent miscarriage and infertility. It also shows how the fragility of chromosomes in meiosis contributes to these problems. An excellent section on prenatal diagnosis looks at the details of screening for chromosomal defects by amniocentesis, chorionic villus sampling and preimplantation genetic diagnosis. These complex topics are explained clearly, and the human dilemmas of screening are never forgotten.

In this book, reproductive health care professionals can gain by revising the fundamentals

of human life and reproduction. They can also glimpse the difficult journeys that some of their clients make in wrestling with the hard choices chromosomal abnormalities can bring.

Reviewed by **Kate Weaver**, MB ChB, MFFP
Staff Grade Doctor in Reproductive Health Care, Edinburgh, UK

Pediatric and Adolescent Gynecology: Evidence-based Practice. C Sultan (ed.). Basel, Switzerland: Karger, 2004. ISBN: 3 8055 7623 4. Price: £121.10. Pages: 269 (hardback)

Pediatric and Adolescent Gynecology has been written by an international group of experts in the field of adolescent gynaecology. It is part of a series of four books on endocrine development and has a strong focus on reproductive endocrinology. An initial overview gives an introduction to all aspects of a clinical examination of a child or adolescent and emphasises the importance of a multidisciplinary approach. Specific imaging techniques (mainly ultrasound) and findings are discussed in the following chapter. A well-illustrated dermatological overview demonstrates the common perineal involvement of many dermatoses.

This introduction is followed by detailed chapters of various pathologies encountered in prepubertal and adolescent girls. It does include an excellent overview of the management of ambiguous genitalia in the newborn, precocious puberty and hyperandrogenism in adolescent girls. The detailed discussion of signs and symptoms of sexual abuse in prepubertal children

and adolescents highlights the difficulties and pitfalls, as well as differential diagnoses. The following chapters include a summary of commonly encountered clinical problems, including menstrual irregularities, dysmenorrhea and the management of the ovarian mass.

The final chapters provide an overview of adolescent sexual health. A review from Finland highlights important aspects of sex and relationship education. Unfortunately, the chapter on contraception does not make any reference to the World Health Organization *Medical Eligibility Criteria for Contraceptive Use* (WHOME) and shows some discrepancies to guidelines developed by the Clinical Effectiveness Unit of the Faculty of Family Planning and Reproductive Health Care. The dosages and regimes of antibiotics mentioned in the chapter on sexual transmitted disease differ slightly from the recommendations made by the Royal College of Obstetricians and Gynaecologists. The guidance on cervical screening and the management of PAP smear abnormalities in adolescents differs from that of the British Society of Colposcopy and Cervical Pathology.

This is a readable and interesting book, addressing the most common paediatric and adolescent gynaecological problems. It offers a good introduction to the speciality, although as most authors are not UK-based, some of the diagnostics and management differ from current UK practice.

Reviewed by **Anja Guttinger**, MRCOG
Subspecialist Registrar in Reproductive Health Care, Edinburgh, UK