

of the tenaculum or subsequent dilation of the os virtually pain free.

The most important factor in women's assessment of their experience of IUD fit is no surprise to us: the "vocal local". When we train general practitioners and nurses in intrauterine techniques they are all impressed by the excellence of our trained health care assistants who help women (and the fitter) in more ways than can be imagined, and almost all of our clients mention how much the assistant helped during the procedure. Dr Duncan also mentions the chat she has whilst waiting for the gel to work, and we are certain that this skill should not be underestimated.

We have now been offering Entonox for 2 months and have had a very positive response to it. Women appreciate being offered the choice of analgesia and nine women so far have chosen to use Entonox during the fit/removal with very good effect, and have completed the questionnaires we have provided very positively. The age range of these women has been from a 17-year-old nullip to a 49-year-old para 1, and the most likely women who want to try it have been nullips who have never used Entonox before, although women who have had babies have appreciated the offer and generally said "wait and see". We think it is still more common for women to choose to use no analgesia.

Whilst we intend to report back fully on this trial in a future issue of this Journal, we would like to take this opportunity to point out to readers that our local Trust insisted on a disclaimer saying:

"You should not drive yourself home if you have used Entonox for your 'coil' procedure; although the effects wear off completely within 30 minutes, you should not drive a car or operate machinery for at least 12 hours after using Entonox. It is recommended that if you need to drive following the use of Entonox you should check with your own motor insurance company that you would be insured."

We explain this to women when they are counselled before their procedure so that they can make appropriate travel arrangements if necessary and so far it has not caused any problems. We are hoping that the Trust

Reducing the pain of IUD insertion: authors' response

We would like to thank Dr Margaret Duncan for her letter¹ written in response to our letter² about 'Entonox[®] analgesia for intrauterine device (IUD) insertions and removals' that appeared in print in the October 2012 issue of this Journal.

We also use lidocaine gel for some IUD insertions and agree that waiting the *full* 3 minutes after its use is important for its analgesic, rather than lubricant, effects. However, we also note that using gel when there is a tightly closed internal os can be extremely painful for women. In this case the use of cervical block is far preferable (we use mepivacaine 3% with a Cervineedle[®]) and makes any re-siting

will take a more pragmatic stance in the future in the light of new guidance provided by BOC, the manufacturer of Entonox.

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