JOURNAL CLUB

Follow-up visits after IUD-insertion: sense or nonsense? A technology assessment study to analyze the effectiveness of follow-up visits after IUD insertion. Neuteboom K, de Kroon CD, Dersjant-Roorda M, et al. *Contraception* 2003; **68**: 101–104

This was a prospective study to investigate whether regular follow-up visits protect against the risks and side effects of an intrauterine device (IUD) insertion. Group A of 199 women were followed up at 6 weeks, and at 2, 6 and 12 months. Group B of 81 women had a follow-up at 6 weeks and at 12 months. The only significant difference between the groups was that Group A had more copper IUDs fitted than Group B. The results showed that there was no statistical difference between the two groups for risks and side effects detected. The authors acknowledge that the numbers in the study are small but suggest that clinic attendance after the 6-week check does not produce additional benefit. Women who experience problems or who have complaints will come for an unscheduled visit. The authors now advise that the women have a check after fitting and then contact the service if they have any problems in the future.

The impact of this advice in the UK could produce benefits in freeing up clinic appointments for those who have not already moved to this schedule. This study confirms that reducing the follow-up visits at busy clinics is not detrimental to the women using an IUD provided they are reassured that they can contact the service at any time if they have a problem.

Reviewed by **Judy Murty**, DRCOG, MFFP
SCMO, Contraception and Sexual Health Services, Leeds, UK

A prospective study of time and number of ejaculations to azoospermia after vasectomy by ligation and excision. Barone MA, Nazerali H, Cortez M, et al. *J Urol* 2003; **170**: 892–896

In many health systems, semen analysis is not widely available. Current practice is to counsel men undergoing vasectomy to use an additional contraceptive method either for 12 weeks post-operation, or for 20 ejaculations. Neither of these scenarios is ideal, the gold standard being semen testing. A recent study by Family Health International, Engender Health and the Mexican Institute looked at whether vasectomy providers should change current advice.

The time to reach azoospermia varies widely. This study of 217 men has demonstrated that the azoospermia rate was 20% higher at 12 weeks than after 20 ejaculations. Even so, at 12 weeks, the risk of fertility was as high as 15%. The study concludes that it is preferable to recommend stopping alternative contraception after 12 weeks rather than after 20 ejaculations, as azoospermia is more likely to have occurred.

This study is not generalisable to all vasectomy providers. The method of vasectomy used was ligation and excision of vas. The failure rate (persistence of sperm at 24 weeks) for this was 12%. The Royal College of Obstetricians and Gynaecologists recommends that vasectomy should be accompanied by fascial interposition or diathermy to reduce this known failure rate. This should be standard practice in UK to minimise failure rate.

Reviewed by **P S Arunakumari**, MRCOG, DFFP
Specialist Registrar in Obstetrics and Gynaecology, Rosie Maternity Hospital, Cambridge, UK

Cluster-randomised trial of risk communication to enhance informed uptake of cervical screening. Holloway RM, Wilkinson C, Peters TJ, et al. *Br J Gen Pract* 2003; **53**(493): 620–625

We know that opportunistic screening is important in picking up otherwise undetected chlamydia. In a prevalence study in Belgium in 2001/2002, opportunistic screening was offered to all sexually active patients aged under 40 years. General practitioners (GPs) were asked to predict the result of those patients they screened. Results were obtained from 530 patients and the prevalence rate was 4.5%. Astonishingly, 70.8% of the infections were unexpected by the GPs, despite this being a population they knew well. The most helpful predictive factor for a patient having an infection was if the patient had had more than one sexual partner in the past year. Of the GP predictions, 56% of GPs felt that low education, and 30% of GPs felt that being of non-Belgium origin, would be associated with infection. The results did not show infection to be linked with either of these factors. The most interesting observation was that GPs who had positive results at the beginning of the study offered more tests throughout the study. More importantly, GPs who had unexpected positive results considered more of their patients to be at risk. Assessing infection risk was shown to be difficult. This study reminds us that more people with chlamydia will be identified in an organised screening programme than by opportunistic screening.

Reviewed by **Laura Patterson**, MRCGP, DFFP
GP Non-Principal, Associate Specialist in Family Planning, Swindon, UK

Weight variation in a cohort of women using copper IUD for contraception. Hassan DF, Petta CA, Aldrighi J, et al. *Contraception* 2003; **68**: 27–30

A total of 1697 women were followed up over a period of 7 years after the fitting of a copper IUD. The authors compared the increase in body mass index of the women each year from the baseline figures. A progressive and significant weight gain was observed throughout the first 5 years. Older women gained more weight than did the younger population. There was lack of control for variables, for example, diet or alcohol consumption. However, the authors did study a homogenous group of Brazilian women from the same income group.

This study illustrates the usual increase in weight that women can experience. It will add to the information we can give when counselling a woman about weight gain, especially if they are using a hormonal method of contraception.

Reviewed by **Judy Murty**, DRCOG, MFFP
SCMO, Contraception and Sexual Health Services, Leeds, UK