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Journal Review

Unintended pregnancies with etonogestrel implant (Implanon): a case series from postmarketing experience in Australia. Harrison-Woolrych M, Hill R. *Contraception* 2005; **71**: 306-308

This is an observational study of the failures that have occurred with Implanon® in Australia since the launch of the product. The pregnancies were reported to the Australian reporting agency, the Adverse Drug Reactions Advisory Committee. Data were collected between 2001 and 2004. During this 3-year period an estimated 204 486 Implanon devices were inserted, based on figures from the Australian Pharmaceutical Benefits Scheme, which subsidises the cost of Implanon. A total of 218 pregnancies were reported of which five were ectopic. The failures were categorised in seven groups: non-insertion (85), already pregnant (46), insufficient information collected (45), incorrect timing of fitting (19), drug interaction (8) and Implanon expelled (3). The authors acknowledge that there may have been underreporting of pregnancies and not all the Implanon devices issued may have been fitted.

Although the trials performed to support the licensing of Implanon showed a pregnancy rate of zero, these findings from early postmarketing experience suggest that there will be a small method failure rate with the product. This is the first publication that illustrates that there is a drug

interaction. In this study all the reported instances were women taking anti-epileptic drugs. The data also show that we really have to make sure that Implanon devices are fitted correctly and that the woman has no risk of pregnancy before fitting.

So if errors at the time of insertion are taken out of the equation then the pregnancy risk with this method is still likely to be very small. The authors calculate it as somewhere in the region of 1 per 1000. It is up to us as practitioners fitting the method to make sure that no unnecessary errors occur.

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The association of hysterectomy and menopause: a prospective cohort study. Farquhar CM, Sadler L, Harvey SA, Stewart AW. *Br J Obstet Gynaecol* 2005; **112**: 956-962

Does hysterectomy with ovarian conservation lead to earlier loss of ovarian function (an early menopause) than might have been expected without surgery? This has been a controversial question for many years. The methodology of earlier studies, such as reliance on symptoms alone for the diagnosis of ovarian failure, was open to question and previous reports have been contradictory. This paper from New Zealand reports on a large, prospective, cohort study. Premenopausal women aged under 46 years undergoing hysterectomy for benign pathology and a matched cohort of volunteers who did not

undergo hysterectomy were followed for up to 5 years with annual serum follicle-stimulating hormone (FSH) levels. The menopause was defined as having occurred once an FSH level of ≥ 40 IU/l was reached. This cut-off level was sufficiently high to make it unlikely that there would be a return to premenopausal values.

The results of the study suggest that women who had a hysterectomy were likely to reach the menopause almost 4 years earlier than women in the control group who had retained their uteri and who had no other interventions that might interfere with local blood supply or with ovulation. Unilateral oophorectomy at the time of hysterectomy increased the likelihood of an early menopause yet further. It is likely that disruption to the blood flow to the ovaries at the time of surgery affects ovarian function and ovarian reserve, leading to earlier ovarian failure.

Although this study has some limitations, the results do suggest a definite link between hysterectomy and early menopause with its associated health risks. This will now have to be discussed with premenopausal women who are considering a hysterectomy so that they can make choices most appropriate for themselves. The importance of offering alternatives to hysterectomy to women with benign gynaecological disorders is strengthened by this study.

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