

Letters to the editor/News roundup

the end of the stopper ring and since then I never failed. Many colleagues have tried this method and they have had success with it also.

I had correspondence from the French company that unless the article were to be endorsed by a professor or senior consultant/colleague in family planning then they were not prepared to change the design. The Ortho Gynae T 380® was discontinued, however it has been adopted for use by other manufacturers with only minor changes, and I am afraid the inherent problem is still present. One has tried to make loading easier but still the problem doesn't disappear completely.

My proposal was very simple: no matter how you load the introducer rod in the tube it should come out outside the top opening and then one can be absolutely sure that the IUD is released totally and completely and that there is no chance of the IUD being pulled down.

For those colleagues who would like to try my technique they should do the following. Put the IUD on sterile paper. Pull the IUD out further up so that one does not cut the thread. Line the rod against the tube with the rod just a few millimetres (say 4–5 mm) higher than the opening and then the lower end of the tube should be cut, which should rest at the end of the rod where there is a ring. Subsequent fitting should now be easier.

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References

- 1 Hawkins F, Callander F. Increase in IUD expulsions (Letter). *J Fam Plann Reprod Health Care* 2006; **32**: 267.
- 2 Yadava RP. Self removal of Mirena IUS (Letter). *Br J Fam Plann* 1997; **22**: 59.

Increase in IUD expulsions

I write as the UK distributor for the TT 380

Slimline® intrauterine device (IUD), following the publication of the letter from Drs Hawkins and Callander in the October 2006 issue of the *Journal* concerning IUD expulsions.¹

Neither Durbin PLC, nor the French manufacturer (7-MED Industrie), can explain what has happened, although the clinical skills of the two doctors are beyond reproach. Since 2002 approximately 205 000 TT 380 Slimline devices have been fitted in France alone, with only three reported expulsions.

There is a European Standard for the 'resilience' of the horizontal arms which the TT 380 Slimline meets, and the manufacturer does not accept that the way the arms regain their shape after compression is connected to the reported expulsions.

I would refer the *Journal's* readers to the poster presentation by Dr Paul O'Brien (Westminster PCT, London, UK) at the 8th Congress of the European Society of Contraception held in Edinburgh, UK in June 2004. (NB. Copies of the poster are available from me on request.) This poster reviewed published studies on the T380 'A' version (where the copper sleeves on the horizontal arms stand proud of the plastic) and the T380 'Slimline' version (where the copper on the arms is flush with the plastic and closer to the ends), which may cast some light on the topic.

Dr O'Brien's review revealed an increase in expulsions in the first year with the 'Slimline' version compared to the 'A' version. By Years 4 and 5 the expulsion rates with both types were similar.

The T-Safe 380 A changed to the 'Slimline' format in June 2005. The results of Dr Hawkins and Callander refer to T-Safe usage up to Autumn 2005. Allowing for the stock holding in the distribution chain, it is probable that most of the T-Safe devices fitted in the period referred to were of the original 'A' style. (NB. It is interesting to note that although all the T-Safe

devices now available are of the 'Slimline' type, the product is still described as '380 A' on its packaging!)

Notwithstanding all of the above remarks, the manufacturer of the TT 380 Slimline device, in view of the volume now used in the UK, have proposed some design changes purely for the UK market. These changes, which will be on stock produced from January 2007, will result in an increase in the resistance to expulsion.

Any readers requiring further information, evaluation samples, and so on, are invited to contact me directly.

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Reference

- 1 Hawkins F, Callander F. Increase in IUD expulsions (Letter). *J Fam Plann Reprod Health Care* 2006; **32**: 267.

Ancient condoms

Further to the article in the October 2006 issue of the *Journal* on the history of condoms,¹ readers may be interested to know that amongst the finds in Tutankhamen's tomb was a linen condom with long strings to attach. The condom is now on show in the Cairo Museum alongside the more famous artefacts, which goes to show that one can't be too careful – even in the afterlife!

Lesley Smith

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Reference

- 1 Edouard L. In condoms we trust: to each, one's own. *J Fam Plann Reprod Health Care* 2006; **32**: 262–264.

NEWS ROUNDUP

EURAS Study results

Final results of the European Active Surveillance (EURAS) Study were presented at the XVIII FIGO World Congress of Obstetrics and Gynaecology in Kuala Lumpur, Malaysia on 9 November 2006. This post-marketing surveillance cohort study took place between 2000 and 2006, with 58 674 participants followed up for 142 475 woman-years. The aim of the study was to monitor cardiovascular outcomes in combined oral contraceptive (COC) users, specifically comparing those on Yasmin® with other COC users. The scale of the study, amount of detailed information collected about each woman (with regard to relevant cardiovascular risk factors) and the fact that only 2.39% of women were lost to follow-up make this a unique and useful investigation.

As has been noted in previous studies of cardiovascular risks, women using the newest preparation (in this case Yasmin) were at slightly higher risk at entry (e.g. were more likely to be obese). Interim results of this study had already shown higher than expected absolute risks of venous thromboembolism (VTE) in all groups, and the final results showed a risk for non-pregnant, non-COC users of 44 per 100 000 woman-years. All COC users, regardless of preparation, had a similar, elevated risk of VTE, at approximately 90 per 100 000 woman-years. The risk was increased to 230 per 100 000 in women with a body mass index (BMI) over 30, which was a five-fold increase compared to women whose BMI was 20–24 and

a three-fold increase compared to those whose BMI was 25–29. Increasing age was also a significant risk factor.

No increase was seen in risks of arterial disease for any preparation, compared to non-users. The study results are to be published in the *Journal*, *Contraception*, early in 2007.

Reported by **Anne Szarewski**, PhD, FFFP
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Risk of VTE with oral contraceptives

A free communication presented at the XVIII FIGO World Congress of Obstetrics and Gynaecology in Kuala Lumpur, Malaysia investigated whether gestodene-containing oral contraceptive (OC) pills carried a higher risk of venous thromboembolism (VTE) compared to levonorgestrel-containing OCs. A population-based case-control study was undertaken in 2005 amongst Austrian women aged between 15 and 49 years. Interim results were presented involving 408 cases and 1339 controls. The odds ratio for developing a VTE with an OC versus non-use was 2.8 (95% CI 2.1–3.6) for all OCs, 2.7 (95% CI 1.9–3.8) for gestodene-containing OCs and 2.9 (95% CI 1.5–5.8) for levonorgestrel-containing OCs. A head-to-head comparison comparing gestodene-containing versus levonorgestrel-containing OCs showed an odds ratio of 1.2 (95% CI 0.6–2.7).

This study confirmed an increased risk of

VTE associated with the use of any combined OC pill, with a similar odds ratio to that found in previous studies. However, in 2005 there was no significant difference in VTE risk in this population of women taking a gestodene-containing pill compared to a levonorgestrel-containing pill. It is important to note that this study was designed to reduce potential confounders and biases by using controls with the same year of birth from this same region of Austria as the identified cases. The cases included those who had VTEs diagnosed and treated in an outpatient setting as well as inpatients.

The authors conclude that their contemporary study results differ from those found in the 1990s because user populations of second- and third-generation OC pills have changed.

Reference

- 1 Heinemann L, Dinger J, Assmann A. The risk of venous thromboembolism (VTE) in oral contraceptives: a new lesson. Presentation at the XVIII FIGO World Congress of Obstetrics and Gynaecology, Kuala Lumpur, Malaysia, 5–10 November 2006.

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