WHAT'S IN THIS ISSUE

EMERGENCY CONTRACEPTION

Guidance on emergency contraception

The Journal welcomes the first of the Clinical Effectiveness Unit Guidance documents (page 9). The evidence-based recommendations are given in a clear, boxed format. The guidance is supported by an MCQ (page 16) to self-test your understanding and retention of the topic. The responsibility is now ours to ensure dissemination and implementation.

The emergency contraception (EC) Guidance paper stands alone and can be photocopied or downloaded from the internet to be distributed as widely as possible to ensure it becomes as clinically useful and effective as intended. EC is an important cornerstone in the drive to reduce unintended pregnancy. Interesting messages for the Editor from this document were:

- To consider giving a single dose of 1.5 mg levonorgestrel when compliance with the split dose 12 hours apart is likely to be poor (see also Journal Club item on page 59).
- Not to forget the intrauterine device (IUD) option (see Editorial on **The emergency IUD: an endangered species** on page 5).

Emergency contraception: lessons learned from the UK

The EC theme is continued with this valuable review of the background to the current position in the UK (page 35). The paper outlines 'the importance of stakeholder partnership, transparency and cautious pace of change and the vital role of professional groups'. The paper concludes that despite recent legislative changes, significant barriers to access to EC still remain for young women and those women unable to afford the high price of pharmacy purchase in the UK.

Training and supporting pharmacists to supply POEC

This paper (page 17) details the training and support provided to community pharmacists in Lambeth, Southwark and Lewisham to supply POEC under a Patient Group Direction. The training and ongoing support was evaluated and increasing confidence was demonstrated with time. The concerns and difficulties of the pharmacists are described. This paper gives practical advice for all involved in such schemes and allows readers to learn from the authors' experiences. This paper should be read in conjunction with the pharmacist perspective in the Editorial on **The role of the pharmacist in emergency contraception** on page 7.

Randomised controlled trial assessing the acceptability of GyneFix versus Gyne-T380S for EC

The paper reinforces how useful the IUD can be for EC and that many women may continue to use the IUD for ongoing contraception (page 23). There was no difference between the two IUDs for ease of insertion or discomfort but less pain subsequent to insertion with GyneFix accounted for higher continuation rates.

INTRAUTERINE DEVICES

Intrauterine devices (IUDs) and GyneFix in particular receive further attention in this issue with a **Comparative trial of the force required for, and the pain of, removing GyneFix versus Gyne-T380S following randomised insertion** (page 29). The paper showed that although more force was required to remove the Gynefix, this finding did not equate to more pain.

MALE STERILISATION

Comparison of Marie Stopes scalpel and electrocautery no-scalpel vasectomy techniques

This randomised prospective comparative study (page 32) suggests that the ENSV technique for vasectomy is a follow-up on the same authors' paper 'The evolution of the Marie Stopes electrocautery no-scalpel vasectomy procedure' published in 2002: **28**(3): 137–138. The paper suggests that the ENSV technique would appear to be ideal for mass application in locations where electricity is available because it is 'a simple, quick, no-touch procedure easily taught and mastered'.

WORKING TOGETHER

A 6-month pilot of a collaborative clinic between genitourinary medicine services and a young persons' sexual health clinic

This paper (page 40) reports on a successful collaboration between a Brook young peoples' centre and genitourinary medicine (GUM). The new service attracted a much younger client group than the hospital-based GUM service and had a pick-up rate for chlamydia of 34% (compared to 18% in the traditional GUM service) and 82% success with contact tracing. Definitely a paper to read and a collaboration to emulate.

Fran Reader, Anne Calder, Beccy Hobbs and Nick Manassiev
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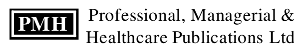

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