Letters to the Editor

Clearer guidelines

I propose a Campaign for Clearer Guidelines. I was pleased to see the title for the most recent publication from the Clinical Effectiveness Unit (CEU) for managing vaginal discharge. This will be really useful in general practice and contraception clinics, I thought. But I was so disappointed with how difficult it was to understand. I am afraid most people will look at the title, start to read it and then put it unread into a drawer to ‘tackle it when I have time’, rather than actively using it in their clinical practice.

Have the writers of the Guidance decided who the target audience is? The information seems poorly focused on the actual clinical setting in which it should be useful and contains large amounts of information irrelevant to health professionals working in general practice and contraception clinics.

The vocabulary used is a mixture of medical and non-medical terms. For example, in the list of symptoms that might be identified are ‘itch’, ‘dysuria’, ‘superficial dyspareunia’. A professional term would be pruritus vulvae or vulval itching – otherwise this might mean itching anywhere (is it scabies?).

Contrast this Guidance with the one from the British Association for Sexual Health and HIV (BASHH) on bacterial vaginosis. The BASHH Guidance gives the full explanation of the meaningless section in Table 31 where information has been compressed and says: Nongonococcal vaginitis criteria

- Gardnerella and/or Mobiluncus morphotypes predominant
- Score ≥6

Table 3 does not give the full criteria, nor explain to what the score refers. By contrast, the example from the BASHH Guidance is perfectly full and clear. However, as this is a bacteriological diagnosis made in the laboratory, why is the information supplied at all? Similarly, on page 38, why do we need to know, “Culture in bacteriological diagnosis made in the laboratory, constitutes recurrent infection would be helpful)”?

Readers will find other examples of superfluous and redundant information. The whole point of this Guidance is to encourage reviewing our own insertion methods. I was, I thought, to give a guideline to clinicians working in non-UOM venues.

4. Although clearly the options for treatment (although a definition of what constitutes recurrent infection would be helpful) but then recommends readers to consult an up-to-date National Formulary. Why is the emphasis on British publications? The Vocabulary is perhaps poorly inserted? This statement could be very difficult to encourage the use of implants, especially in general practice.

Removing deep Implanon® implants

I would like to thank Martyn Walling for his very helpful paper1 on removing deep Implanon®, which will enable other services to develop care pathways.

However, it is necessarily true, as stated in the last paragraph, that deep implants are evidently poorly inserted? This statement could have considerable medical-legislation implications. The situation seems to me to be analogous to perforated intrauterine devices, which may be the result of poor technique but are normally defended as a recognised complication providing that proper counselling has been documented. Unless the Faculty offers support when there are problems after proper training it is very difficult to encourage the use of implants, especially in general practice.

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References

Reply

I do not think there is a medico-legal problem as there is a training programme in place with Implanon®. The major message with this article1 is to encourage reviewing our own insertion technique. If the skin is tented properly so that the outline end of the needle can be seen there should be no problems with removal. Impalpable Implanons are now a recognised complication but if these occur I advise contacting Organon for advice.

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Reference

HIV and contraception

I would like the thank the authors for their interesting and timely article on contraception and HIV1. In the section on hormonal contraception they make no comment upon a possible increase in cervical shedding of HIV in women using these methods, which has been mentioned in previous reviews.2 Is it now considered that cervical shedding is not increased and thus hormonal contraceptives have no increased risk of transmission of the virus?

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References