


7 Follicular cysts occur in 20% of women using the LNG-IUS; however, these are almost always asymptomatic. In addition, spontaneous resolution of ovarian cysts in women using the LNG-IUS has been reported.4 Only one non-randomised study has reported that women discontinue with the LNG-IUS as a result of the development of ovarian cysts.5 The CEU supports the counselling of women on potential risks and benefits of contraceptive methods.

8 Evidence that CEEU acknowledges that there is a lack of clear guidance on the management of ovarian cysts in women using the LNG-IUS. Moreover, there is little evidence on the management of all women of reproductive age with functional ovarian cysts and further research would be of benefit. The CEEU is updating Guidance on the IUD and the LNG-IUS later this year. All new evidence will be identified and reviewed. However, at present there is no evidence to support that women with an LNG-IUS should be reviewed and/or scanned to identify ovarian cysts.

9 The CEEU could find no evidence to support the statement that easier access to scanning facilities would improve the care of women presenting with pelvic pain in primary care. The aetiology of pelvic pain in women of reproductive age may be due to many underlying causes, both physical and psychological, and allowing greater access to scan facilities may not be appropriate.

Susan Brechin, MBRCOG, MFFP
Senior Lecturer, Sexual and Reproductive Health/Director of the FPPRHC Clinical Effectiveness Unit, University of Aberdeen, UK. E-mail: g.penney@abdn.ac.uk

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Lisa Allerton, BSc, MSc
Research Assistant, FPPRHC Clinical Effectiveness Unit, University of Aberdeen, UK. E-mail: ffp.ceu@abdn.ac.uk

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