References

Reply
We welcome the response by Lee et al.1 which is a valuable contribution towards the management of translocated intrauterine devices (IUDs). Lee et al. referred to the series of three cases described by Markovitch et al.2 These patients did not develop any complications resulting from the translocated IUD. Markovitch et al. clearly describe the circumstances under which conservative management of translocated IUDs is possible and also express the need for additional study in particular cases. The WHO3 and Faculty of Sexual and Reproductive Healthcare4 guidelines recommend removing the IUD, particularly the copper ones, as soon as is reasonably possible. The problem with not following these guidelines is the unpredictability of the migration of the IUD and the associated outcome.

Jyoti Jatti, MD, DFFRH
Specialist Registrar, University Hospital, Coventry, UK; E-mail: jyoti.jatti@yahoo.co.uk

Mark C James, MD, MRCOG
Consultant in Obstetrics and Gynaecology, Gloucestershire Royal Hospital, Gloucester, UK

References

Training for the LoC IUT
I read Dr Siddiqui’s letter1 in the January 2008 issue of this Journal regarding localisation of non-palpable intrauterine devices to my letter2 in the October 2007 issue. It was unfortunate that Dr Siddiqui’s letter was submitted too close to the press deadline to allow sufficient time for me to respond to her letter in the same issue of the Journal.

Dr Siddiqui does not seem to have understood my point. I was not saying that we should not fit copper intrauterine devices (IUDs) and I am happy to do so if women request them. My point, which Dr Siddiqui accepts, was that most general practitioners (GPs) will only fit the intratubal system (IUS) (Mirena®) and if we insist that they must fit a copper IUD to obtain their Letter of Competence (LoC) then most of them will not be able to train. Most general hospitals do not have the facility to do all IUD fitting and many family planning clinics are under threat. We do need GPs to fit IUDs, both for contraception and also for the treatment of menstrual pain. If we do not allow them to obtain the LoC then they will not fit IUDs/IUS. This will not benefit patients. It is difficult for doctors who wish to train to obtain the necessary experience; we do not need to make it more difficult.

Beth Devonald, MBBS, MRCGP
Associate Specialist in Sexual Health and Reproductive Health Care, Lincoln, UK; E-mail: devonald@btinternet.com

References

Localisation of non-palpable implants
I read the article by Mansour et al.1 on methods of accurate localisation of non-palpable subdermal implants in the January 2008 issue of the Journal with great interest. I agree that, alongside my own growing experience of implant insertions follows the request for removals.

Melanie Ayesbunyera, MBBS, BSc
GP Registrar, Lawley Medical Practice, Farriers Green, Lawley Bank, Telford TF4 2LL, UK

Reference

Reply
We were pleased to hear that Dr Ayesbunyera found our article on localisation of non-palpable subdermal implants2 to be of some value. This arose out of extensive discussion within a group of experts who have each independently developed their own ways of locating and removing implants that are quite time-consuming. We are not experts but tried to ensure that most of their practical tips on localisation were highlighted in this article.

Unfortunately, deep insertions of Implanon® are uncommon, but all family planners, general practitioners, gynaecologists and general surgeons need to be aware that they may occasionally be faced with a patient requiring removal of an implant which cannot be palpated. Knowledge that an effective recommended strategy for management exists (and that specific expert advice is available, if required) should help to minimise some of the challenges encountered during difficult localisation and removal.

Dr Ayesbunyera may also be interested to see the review appearing in this issue of the Journal, which comes from the same group of experienced colleagues and specifically addresses the subject of removal of deep implants.

We hope that this will also help to minimise complications sometimes encountered in attempts at these procedures.

Diana Mansour, FRCS, FFPRHC
Consultant in Community Gynaecology, Contraception and Sexual Health Service, Newcastle upon Tyne Primary Care Trust, Gateshead Clinic, 5 St Mary's Lodge, Leamington Spa, CV31 1JN, UK. E-mail: Diana.Mansour@newcastle-pct.nhs.uk

Ian S Fraser, MD, FRANZCOG
Professor in Reproductive Medicine, Department of Obstetrics and Gynaecology, University of Sydney, Sydney, Australia

Implanon insertion in Zimbabwe
Recently in a family planning session, a 32-year-old Zimbabwean female presented for an Implanon® removal. The patient was insisted that she had had Implanon inserted and that the procedure had involved two rods and that she had been advised that this would last for 5 years. On palpation, two rods could be felt in different planes in the left upper arm but it was difficult to decipher whether these were one rod divided in two or two separate rod implants. If the rod was deployed, they were found to be two separate intact Implanon devices.

On further enquiry from the patient, we were advised that it was common practice for two rods to be inserted at a medical practice in Zimbabwe, and that patients had been advised that duration was 5 years. The patient had not experienced any adverse effects and had decided to have the Implanon removed so that she could become pregnant.

It would be interesting to know whether the above is a true representation of Implanon insertion in Zimbabwe and, if so, whether this is an indication of training needs or whether there appears to be a misconception that two rods must in combination provide greater contraceptive cover than one rod individually.

We would be grateful for any feedback from readers.

Sukhi Dhesi, MBBS, MRCGP
General Practitioner and Family Planning Doctor, Family Planning Clinic, Brunswick Clinic, Leamington Spa, UK

Madeline Davis, MBBS, MRCGP
General Practitioner and Family Planning Doctor, Family Planning Clinic, Brunswick Clinic, Leamington Spa, UK

©FSRH J Fam Plann Reprod Health Care 2008: 34(2)