
Ambulatory Gynaecology or ‘see and treat clinics’ or gynaecology or one-stop clinics: the names are many but the objective is the same – to minimise delay in diagnosis and improve early management of both benign and malignant gynaecological disease, with the patient and the National Health Service (NHS) taking priority. It addresses the many questions that are asked about ‘ambulatory gynaecology’. How do you start a unit? How can you offer patients maximum satisfaction with fewer hospital visits? How and where should staff be trained? Can you practise this abroad?

This is a clearly written, introductory book targeting a UK NHS-based reader but can be easily modified to suit an international clientele depending on available resources. The book provides tips on application, availability and access to office gynaecology and contains useful websites on information and training. It is evidence-based and has up-to-date references and appendices towards the end of each chapter pointing to relevant information for further reading. Written in a lucid language, it has many flow charts, algorithms, scan images and photographs of equipment, giving the reader useful and retainable information.

The book has nine chapters, of which the first is an introduction about the NHS framework and the need for change, i.e. NHS Plan and pressure on training needs in the background of improving outpatient gynaecology.

Chapter 2 deals with the need to select the right anaesthetics and analgesics provides insight into a topic rarely discussed in gynaecology textbooks. It provides practical tips for patient selection, equipment and timing. Particular reference is made to local anaesthesia, which is often used in outpatient settings.

Chapter 3 introduces colposcopy services while Chapter 4 on abnormal uterine bleeding is comprehensive with information on national algorithms, training websites and college programmes. This leads very nicely to Chapter 5 on endometrial ablation with second-generation techniques and equipment, which can be easily applied in the outpatient setting. Interestingly, there is a debate that can be used as a guide for the introduction of any such service in the outpatient department, theatres or wards.

Chapter 6, on urine analysis and infertility while Chapter 7 deals with early pregnancy and emergency gynaecology. Chapter 9 is particularly interesting because of the discussion on use of the pelvic ultrasound in the management of acute pelvic pain.

Overall, this book is ideal for general practitioners, specialist trainees, consultants, nurses, managers, and the college/hospital library. It would also be a useful tool for undergraduate and postgraduate examinations.

Reviewed by Thumuluru Kavitha Madhuri, DRCOG, DFSRH Clinical Fellow in Gynaecology, Royal Surrey County Hospital, Guildford, UK and Sonia Chachan, MBBS, MRCOG Specialist Registrar in Obstetrics and Gynaecology, Royal Surrey County Hospital, Guildford, UK


These two pocket-sized books are a delight to peruse for facts, views and fantasies. They are both real books about what I ‘really’ do in my sex therapy sessions. For clients, because they inspire so much more than the often-dry instructions I give them and for me because they persuade me to tell them how clinical sex therapy can sometimes be without giving them something that will benefit their love life too!

The Romantic Lover describes in detail a variety of ways in which couples can be romantic with each other and the emphasis is on developing and maintaining intimacy in relationships whether close or distant or whatever the closeness culminating in great sex. It helps partners to kindle romance in their sexual relationship again or sustain it in the face of fresh and stimulating. The book is helpful to me because it provides inspiration for providing imaginative instructions for sensate focus exercises during sex therapy.

The Adventurous Lover goes that bit further into the field of fantasy and adventure of sexual exploration. It teaches partners to respect each other’s wishes while exploring deeply held fantasies. Being adventurous needs trust and good communication skills, which this book emphasises frequently. Amongst other themes explored there is reference to sadomasochism, sex toys and multiple partners. There are references to additional books and resources to help develop fantasies into reality if so desired. I will definitely recommend this book to clients who wish to explore the world of fantasy without feeling guilty about how ‘far’ they can or should go.

I would recommend both titles as an addition to a library that loans books to clients, for sex therapists or couple counsellors, and for anyone who wants more romance and adventure in their love life.

Reviewed by Neelima Deshpande, MRCOG, MFSRH Staff Grade Doctor in Family Planning and Psychosexual Therapist, Heart of Birmingham Teaching Primary Care Trust (HoBTPCT), Birmingham, UK


The topic of this book has been of interest to both the medical and non-medical world for hundreds of years. It has been described since the time of Hippocrates and remains an important subject today.

This book comprises 18 chapters of varying length, each written with sensitive different authors or co-authors. Some chapters I found extremely readable but others less so. It is not a book aimed at the layperson but I felt intended more as a reference book for clinicians involved in treating women with premenstrual symptoms.

The book certainly covers all aspects of the condition from the history, discussing the terminology, such as whether we should call it premenstrual syndrome or premenstrual dysorphic disorder, through to the pathophysiology and treatment. Most of the chapters bemoan the lack of definite criteria to help make the diagnosis. Chapter 2 covers this well and discusses possibilities for future research to help define the criteria.

The chapters run in a logical order starting with historical background and ending with genetic predisposition. There is some repetition of each previous chapter in the introduction to the next and this serves as a useful summary. The book looks at all the current theories of the cause and debates the best treatments. Treatments are discussed in Chapters 12–16, and include complementary and herbal options. There are both gynaecological and psychiatric viewpoints.

As there are many contributing authors there are conflicting opinions; however, this does open one’s mind and perhaps inspires one to look further into the topic. As each chapter covers a different topic, it means that one can dip in and out of the book with relative ease, although a slightly better summary of each chapter would facilitate this.

Although at times I found the physiology and pathophysiology hard going, it was an interesting and informative book that would be useful in a reference library.

Reviewed by Sheila Brown, DRCOG, MFSRH Senior Clinical Medical Officer in Family Planning, Heart of Birmingham Teaching Primary Care Trust (HoBTPCT), Birmingham, UK

This first edition of this book extremely useful and welcomed by many of us feel not present often, and many of us feel inadequately prepared to deal with both the patient and concerned parent. Having found the first edition, which is particularly useful and often referred to back there, I was looking forward to the second edition and I was not disappointed. Topics are dealt with sensitively, and with due consideration of social and emotional factors which contribute to both the presentation and management requirements.

Chapter 5 is a clear, useful reminder about the stages of normal puberty, this concise book then manages to comprehensively cover the most frequently encountered problems for such period problems, vaginal discharge and primary and secondary amenorrhoea, while also describing less frequently encountered conditions such as indeterminate genitalia, endocrine and chromosomal disorders, female genital mutilation and gynaecological tumours.

The most useful chapters for me were ‘Gynaecological problems in childhood’ and ‘Menstrual problems in teenagers’, both of which provide clear explanations of the pathophysiology and recommended investigations, and sensible, practical management advice for common problems. As useful are statements about what not to do, such as discouraging pelvic examination in girls with breast symptoms or examinations, as these are not uncommonly experienced in this age group, and did not mention the usefulness of Cerazette® and its 12-hour window in the progestogen-only pill section. Having said that, this book does not set out to be an authoritative publication on contraception in youngsters and so this criticism should not detract from the value and usefulness of the book.

This is an easy to read, accurate, understandable book, which I would highly recommend for general practitioners whether working in general practice, community gynaecology, sexual health or hospital gynaecology.

Reviewed by Heather Currie, DRCOG, MRCGP Associate Specialist Gynaecologist and Obstetrician, Dunmoy, UK

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