

should explore the development of a multi-use placebo. Anecdotally, several clinicians have taken the placebo apart and 'adapted it' for multi-use. I would not advise this, as it potentially increases the risk of a needlestick injury. A much better option is to insert the Nexplanon placebo needle into a model arm and check the needle's position by 'unwrapping the skin' before releasing the implant. This can be undertaken a number of times until the trainee is competent.

Ultimately, I am sceptical that any 'new inserter' will prevent all deep insertions, particularly when some women presenting with impalpable implants tell me they have asked their doctor/nurse to fit the implant more deeply so it could not be seen. I can hear cries of "we love the old inserter, don't change it", "the old inserter is easy to use" and "we have had no problems with non-insertion or deeply placed implants". None of us like change but there are positive advantages to the Nexplanon applicator. Newcastle Sexual Health Service was involved in the multinational trial investigating Nexplanon and its new inserter. Our senior nurse took part and found the new inserter easy to use. She thought the single-handed insertion technique was an advantage as it would aid practical training. Having now undergone Nexplanon training myself, I fully support her views.

For further information on Nexplanon visit the website at www.nexplanon.co.uk/training, phone MSD on 0844 556 1444, contact the manufacturer in writing at Merck Sharp & Dohme Limited, Hertford Road, Hoddesdon, Hertfordshire EN11 9BU or alternatively contact your local MSD representative.

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Editor's note

Interested readers should also see the articles on a risk management approach to the design of contraceptive implants (page 191) by Rowlands *et al.* and Sam Rowlands' Legal Opinion article about contraceptive implants (page 243) in this issue of the Journal.

References

- 1 Department of Health. Statement on Contraception and Teenage Pregnancy. 5 February 2009. http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/PublicHealth/HealthImprovement/SexualHealth/DH_085686 [Accessed 10 July 2010].
- 2 National Institute for Health and Clinical Excellence. *Long-acting Reversible Contraception* (Clinical Guideline 30). 2005. <http://guidance.nice.org.uk/CG30/NICEGuidance/pdf/English> [Accessed 10 July 2010].
- 3 Graesslin O, Korver T. The contraceptive efficacy of Implanon: a review of clinical trials and marketing experience. *Eur J Contracept Reprod Health Care* 2008; **13**(Suppl. 1): 4–12.
- 4 Harrison-Woolrych M, Hill R. Unintended pregnancies with the etonogestrel implant (Implanon): a case series from postmarketing experience in Australia. *Contraception* 2005; **71**: 306–308.
- 5 Jaffer K, Whalen S. Self removal of Implanon®: a case report. *J Fam Plann Reprod Health Care* 2005; **3**: 248.
- 6 Gwinnell E. Expulsion of Implanon®. *J Fam Plann Reprod Health Care* 2007; **33**: 211.
- 7 Mansour D. UK provision for removal of non-palpable contraceptive implants. *J Fam Plann Reprod Health Care* 2009; **35**: 3–4.
- 8 Mansour D, Fraser IS, Walling M, Glenn D, Graesslin O, Egarter C, *et al.* Methods of accurate localisation of non-palpable subdermal contraceptive implants. *J Fam Plann Reprod Health Care* 2008; **34**: 9–12.
- 9 Mansour D, Walling M, Glenn D, Egarter C, Graesslin O, Herbst J, *et al.* Removal of non-palpable etonogestrel implants. *J Fam Plann Reprod Health Care* 2008; **34**: 89–91.
- 10 Summary of Product Characteristics: Implanon 68mg implant for subdermal use. <http://emc.medicines.org.uk> [Accessed 10 July 2010].
- 11 Mansour D, Trueman G. Off-licence prescribing in contraception. *J Fam Plann Reprod Health Care* 2004; **30**: 9–10.
- 12 e-Learning for Healthcare (e-LfH). Sexual & Reproductive Healthcare e-learning. <http://www.e-lfh.org.uk/projects/e-srh/register.html> [Accessed 10 July 2010].

BOOK REVIEWS

Clinical Obstetrics and Gynaecology (2nd edn). Brian Magowan. Oxford, UK: Saunders (Elsevier), 2009. ISBN-13: 978-0-70203-069-7. Price: £37.99. Pages: 432 (paperback)

This is the second edition of this book, which is a general obstetrics and gynaecology (O&G) text aimed at medical students, junior O&G trainees and general practitioner (GP) trainees, nurses and midwives. Students used to finding their way around Kumar and Clark's *Clinical Medicine* will recognise a reassuringly familiar layout to the pages, as it comes from the same publishers and shares the same colourful and easy-to-read format. The 400-page book is split into three sections, covering the 'Fundamentals', and then 'Gynaecology' and 'Pregnancy and the Puerperium'. The fundamentals section is a great feature, providing a refresher of the relevant areas of anatomy and embryology and a succinct guide to history and examination. The other two sections are split up into small chapters, with often-neglected topics such as prenatal diagnosis and sexual problems receiving attention as well as comprehensive coverage of all the main topics. Particularly good are the chapters on endometriosis and gynaecological neoplasia, which cover these areas in a straightforward and accessible way.

The book is up-to-date and factually accurate and on the whole presents a greater degree of detail than many similar books on the market. This makes for a lengthier text, which might not

suit all readers, but means the book works well as a reference tool, as well as a revision aid. The use of photographs, diagrams and summary boxes make this a very enjoyable book to look at and read, and I also really liked the 'History' boxes, which introduce little nuggets of medical history. Overall, this book is a great choice for undergraduates and trainees studying O&G who wish to get a thorough grounding in the subject, but also have the opportunity to study the topic in a bit more depth.

Reviewed by **Ellie Golightly**, MBChB, MRCOG
Clinical Research Fellow, Reproductive and Development Sciences, University of Edinburgh, Edinburgh, UK

Abortion: The Essential Guide. Johanna Payton. Peterborough, UK: Need-2-Know, 2009. ISBN-13: 978-1-86144-062-4. Price: £8.99. Pages: 136 (paperback)

This book is part of a series of self-help books aimed at a non-medical audience. There is a comprehensive review of all issues that a woman considering an abortion would need to know. It is evidently written by someone who has considerable experience of working in the NHS and with abortion providers. The information presented is accurate with respect to the legal aspects and common practice undertaken within clinics and by well-known abortion charity providers. The book covers the ethics of having an

abortion, the law, different methods of abortion in detail, including possible complications.

In terms of the psychological aspects, it could be likened to a workbook that someone thinking about having an abortion could go through. It is full of practical advice about things to anticipate and consider. Once the decision to have an abortion has been made, several chapters guide the client through the process of how to attend, who to take along, what precautions to take during and after the procedure, and so on.

The book is easy to read and in a style that is chatty but considerate. The only comment that I would make about the accuracy is that the complication rate is lower than I normally quote. Also, the book does not emphasise how quickly you can conceive after having an abortion and how imperative it is to start contraception immediately. The chapters that are related to the methods of termination are repetitive. It does, however, mean that someone undergoing a specific type of abortion only needs to read one chapter to assimilate everything they need to know.

I think this is a very useful book, which I would recommend to patients and non-medically qualified people as well as clinically qualified staff without prior knowledge of the issues and processes involved in abortion.

Reviewed by **Louise Massey**, FFSRH, FFPH
Consultant in Public Health, Wolverhampton City Primary Care Trust, Wolverhampton, UK

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