
This was a prospective study to investigate whether regular follow-up visits protect against the risks and side effects of an intrauterine device (IUD) insertion. Group A of 199 women were followed up at 6 weeks, and at 2, 6, and 12 months. Group B of 81 women had a follow-up at 6 weeks and at 12 months. The only significant difference between the groups was that Group A had more copper IUDs fitted than Group B. The results showed that there was no statistical difference between the two groups for risks and side effects detected. The authors acknowledge that the numbers in the study are small but suggest that clinic attendance after the 6-week check does not produce additional benefit. Women face problems or who have complaints will come for an unscheduled visit. The authors now advise that the women have a check after fitting and then contact the service if they have any problems in the future.

The impact of this advice in the UK could produce benefits in freeing up clinic appointments for those who have not already moved to this schedule. This study confirms that reducing the follow-up visits at busy clinics is not detrimental to the women using an IUD provided they are reassured that they can contact the service at any time if they have a problem.

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In many health systems, semen analysis is not widely available. Current practice is to counsel men undergoing vasectomy to use an additional contraceptive method either for 12 weeks post-operation, or for 20 ejaculations. Neither of these scenarios is ideal, the gold standard being semen testing. A recent study by Family Health International, Engender Health and the Mexican Institute looked at whether vasectomy providers should change current advice.

The time to reach azoospermia varies widely. This study of 217 men has demonstrated that the azoospermia rate was 20% higher at 12 weeks than after 20 ejaculations. Even so, at 12 weeks, the risk of fertility was as high as 15%. The study concludes that it is preferable to recommend stopping alternative contraception after 12 weeks rather than after 20 ejaculations, as azoospermia is more likely to have occurred.

This study is not generalisable to all vasectomy providers. The method of vasectomy used was ligation and excision of vas. The failure rate (presence of sperm at 24 weeks) for this study was 9%. The College of Obstetricians and Gynaecologists recommends that vasectomy should be accompanied by folic acid ingestion or diathermy to reduce this known failure rate. This should be standard practice in UK to minimise failure rate.

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Cluster-randomised trial of risk communication to enhance informed uptake of cervical screening
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