
Training for the LoC IUT

I read Dr Siddiqui’s letter1 in the January 2008 issue of the journal. It was not an appropriate response 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 menorrhagia. If we do not allow them to obtain the LoC then they will not be able to 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.

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References

Localisation of non-palpable implants

I read the article by Mansour et al.3 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. Identifying the insertion errors and unusual anatomical sittings of the implant was particularly interesting. The authors’ suggestion that some experts use local anaesthetic to separate the tissue planes was a good tip. This has helped separate tissue planes and has made less painful subcutaneous removal. I also liked the simple advice of asking the patient where the implant was inserted and seeing the scar.

All in all a very valuable piece of reading! Thank you.

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References

Implanon insertion in Zimbabwe

Recently in a family planning session, a 32-year-old Zimbabwean female presented for an Implanon® removal. The patient was insistent 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 devitalised rods. 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 provided a Norplant®.

We would be grateful for any feedback from readers.

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References
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