



## News

### Primary Care Women's Health Forum

In the UK, around 7,100 women are diagnosed with ovarian cancer each year.

It is the fifth most common cancer among women; after breast, bowel, lung and endometrial cancer.

Survival rates for women with ovarian cancer are poor because the vague symptoms women experience often delay presentation and diagnosis.

The challenge for women and for us as clinicians is to improve the awareness of ovarian cancer and to consider testing at an earlier stage.

The Clinical knowledge summary is a good resource to remind clinicians of the important facts, investigations, management of ovarian cancer and is found at <http://cks.nice.org.uk/ovarian-cancer>

The charity 'Target Ovarian Cancer' website link is [www.targetovariancancer.org.uk](http://www.targetovariancancer.org.uk) and has many useful resources for clinicians and women which can be downloaded and used. This month they have launched their Ovarian cancer symptom sorter. This is symptom diary for women to use if they think they may have ovarian cancer.

The charity state their reason for producing this diary is:

*It can be a challenge for patients to explain their symptoms clearly and concisely to their GP. This is especially the case if they have experienced them for some time before visiting the GP, or if they have already spoken to the GP about their symptoms and feel that their concerns have not been taken seriously.*

*The Symptoms Diary allows women to record their symptoms on a daily basis. The printed Symptoms Diary, or the diary report generated by the app, can then serve as a prompt or record when discussing their symptoms with their GP.*

*How will the Symptoms Diary help GPs diagnose ovarian cancer?*

*Symptoms of ovarian cancer are a bloated tummy, needing to wee more, tummy pain, and always feeling full. These symptoms are:*

- *Frequent – they usually happen more than 12 times a month*
- *Persistent – they don't go away*
- *New – they are not normal for the individual and may have started in the last year*

The Symptoms Diary brings all this information together helping GPs assess a woman's symptom:

<http://www.targetovariancancer.org.uk/about-ovarian-cancer/what-ovarian-cancer/symptoms/ovarian-cancer-symptoms-diary?ref=homepage-slider1>

[STate@targetovariancancer.org.uk](mailto:STate@targetovariancancer.org.uk)

Top Tip for audit:

Use the educational resources produced by Target Ovarian Cancer and the NICE ovarian cancer QS 18 and share with practice colleagues. Audit change in ca125 testing and USScanning to assess improvement in practice.

If you have already done this in your practice or you have any other audits you would like to share please email me at [anne.connolly@bradford.nhs.uk](mailto:anne.connolly@bradford.nhs.uk) and I will publish them in future editions of this e-letter.

Anne Connolly

Chair of PCWHF.

## News

### Sexual Health and Blood Borne Virus Framework Update

The Scottish Government have updated the Sexual Health and Blood Borne Virus Framework, which is available at <http://www.gov.scot/Publications/2015/09/5740>

The document states that key progress has been made in the use of LARC across Scotland:

*"The uptake of very long acting methods (the contraceptive implant, IUDs (the coil) and Mirena® (IUS)) in Scotland increased from 56.7 per 1,000 women aged 15-49 in 2009/10 to 62.1 per 1,000 women in 2013/14"*

The key priorities for contraception in the new Framework relate to integrating the provision of post-partum contraception into maternity care and after termination of pregnancy.

The document includes details of the 'APPLES' (Accessing Postpartum LARC in Edinburgh South East) project. This project aims to improve access to contraception

for postpartum women, with particular emphasis on the most effective LARC methods. The Framework calls on NHS Boards to roll-out this approach so that all women are "*counselled antenatally regarding postnatal contraception and to be provided with their preferred choice of contraception*".

The Framework also raises the profile of the importance of improving contraception uptake post abortion by encouraging termination services to provide information and access to contraception as soon as possible post-abortion.

The document also notes that while the provision of LARC has led to reductions in unintended pregnancies and terminations there is an important need to continue with condom promotion and distribution as STIs remain an important concern.

## Meetings & Events

### Primary Care Women's Health Forum Conference 2015



#### Primary Care Women's Health Forum Conference What's New in 2015

The Primary Care Women's Health Forum's 7<sup>th</sup> annual conference will be held on **Thursday 5<sup>th</sup> November 2015** at the **Royal York Hotel**. Once again we will make sure that the sessions are relevant for the work done in primary care and our presenters will challenge us to provide care fit for purpose for our female patients. Last year's conference was a great success with over 120 primary care delegates.

Since launching this year's conference we are pleased to say we have received an overwhelming response. The conference provides an exceptional networking and learning opportunity for those with an interest in female health so please book now to avoid disappointment.



The conference consists of an impressive line-up of key note speakers and a powerful agenda, which should prove both thought-provoking and beneficial for all those attending. To view the full agenda [Click Here](#).

In addition, delegates will be eligible to gain up to **6 hours of reflective learning**.

To book now please [Click Here](#).

[More Information](#)

[Book Now](#)

## Other Meetings



### GP Appraisal in a Day

A one day Interactive Workshop

[More Information](#)

[Register Here](#)

A series of one day workshops covering a number of different therapy areas to provide GPs with all of the new information they need for appraisal. **(5 hours of CPD available)**

Celebrating  
**25**  
Years



### Menopause Academy

[More Information](#)

[Register Here](#)

5 half day regional events with a focus on treatment and management of the menopause. **(3 hours of reflective learning available)**

## Useful Papers & Guidelines

### Recent Papers

This paper by Shagaf H Bakour and Jennifer Williamson from Birmingham, published in the *Obstetrician and Gynaecologist*, is an excellent and useful update on the use of HRT.

Latest evidence on using hormone replacement therapy in the menopause

<http://onlinelibrary.wiley.com/doi/10.1111/tog.12155/epdf>

The Cochrane review on Progesterone or progestogen-releasing intrauterine systems for heavy menstrual bleeding provides good evidence to support the use of LNG-IUS for management of this concern..

The authors conclude:

*The levonorgestrel-releasing intrauterine device (LNG IUS) is more effective than oral medication as a treatment for heavy menstrual bleeding (HMB). It is associated with a greater reduction in HMB, improved quality of life and appears to be more acceptable longterm but is associated with more minor adverse effects than oral therapy.*

*When compared to endometrial ablation, it is not clear whether the LNG IUS offers any benefits with regard to reduced HMB and satisfaction rates and quality of life measures were similar. Some minor adverse effects were more common with the LNG IUS but it appeared to be more cost effective than endometrial ablation techniques.*

*The LNG IUS was less effective than hysterectomy in reducing HMB. Both treatments improved quality of life but the LNG IUS appeared more cost effective than hysterectomy for up to 10 years after treatment*

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002126.pub3/epdf/abstract>

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Migraine in menopausal women: a systematic review

<https://www.dovepress.com/migraine-in-menopausal-women-a-systematic-review-peer-reviewed-article-IJWH>

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PCOS is currently under-diagnosed and the long-term health implications for women with this condition are significant, particularly for those who are overweight.

This paper published in the International Journal of Women's Health is worth reading to help understand the challenges this common problem will present.

Complications and challenges associated with polycystic ovary syndrome: current perspectives

<http://www.dovepress.com/complications-and-challenges-associated-with-polycystic-ovary-syndrome-peer-reviewed-article-IJWH>

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Maternal health in pregnancy: messages from the 2014 UK Confidential Enquiry into Maternal Death.

This paper reviews the confidential Enquiry into maternal deaths and provides clear recommendations for primary care.

<http://bjgp.org/content/65/638/444>

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Unfortunately this paper written by Jenny Brotherston and published in the BJGP is not open access. But for those you can access this it is an excellent overview of the provision of contraception for women during their perimenopause.

Contraception meets HRT: seeking optimal management of the perimenopause.

<http://bjgp.org/content/65/638/e630>

## Recent Guidelines

FSRH CEU updated guidance - problematic bleeding with hormonal contraception

<http://www.fsrh.org/pdfs/CEUGuidanceProblematicBleedingHormonalContraception.pdf>

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Nutrition: improving maternal and child nutrition

NICE quality standard [QS98] Published date: July 2015 <https://www.nice.org.uk/guidance/qs98>

### Other Useful Information

Heather Currie continues to provide excellent patient and clinician education on her website *Menopause Matters*. The HRT prescribing flowchart is a good reminder of how to prescribe appropriately.

<http://www.menopausematters.co.uk/pdf/HRT%20guide%20Aug%202011.pdf>

## Patient Information

### Flu, your pregnancy and you: what you need to know and do to protect yourself and your baby

This leaflet for patients describes how having the flu vaccination during pregnancy can help protect them and their baby against this infection.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/451735/9407\\_PHE\\_Pregnancy\\_Flu\\_DL\\_leaflet\\_06b\\_web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/451735/9407_PHE_Pregnancy_Flu_DL_leaflet_06b_web.pdf)

### RCOG PIL - chronic pelvic pain

Click the below link to view this resource:

<https://www.rcog.org.uk/en/patients/patient-leaflets/long-term-pelvic-pain/>

## Other News

### Jadelle Contraceptive Implant Removal - Dr Farah Chaudhry, Clinical Lead, CaSH Kirklees

I thought readers would be interested in this case. A 33 year old from Thailand attended our community sexual and reproductive health services in Kirklees. She had an implant fit in Thailand 5 years ago and attended requesting removal as the device was due to expire in the coming month. She was seen initially by a CaSH specialty nurse who referred her to me for removal as she was unfamiliar with the implant. She was however able to palpate the implant and could ascertain that there were 2 rods, which the patient confirmed. The patient had a Jadelle which is a subdermal contraceptive implant consisting of 2 rods containing 75mg levonorgestrel each, providing 5 years of contraception.

The nurse discussed this patient with me prior to the subsequent appointment and having reviewed the notes I contacted Bayer for advice and guidance on the removal having established that this was a Bayer product.

The patient attended for removal appointment prior to receipt of the information from Bayer's medical advisory team. She had tolerated the implant but had found the associated irregular bleeding a nuisance and declined the offer of a replacement with the subdermal implant available in the UK, Nexplanon.

She had no medical contraindications to any method and following a full contraceptive options choice chose a mirena (LNG-IUS). She was well-informed and following counselling was sure of her decision. She attended during a training clinic with a GP colleague present who was attending for IUT and SDI training. It was her preference to have both procedures the same day and avoid returning for a further appointment. Following consent the LNG-IUS was fit by the trainee successfully and was well-tolerated so she proceeded to implant removal.



On examination, she had 2 palpable implant rods in the inner upper aspect of her right arm, positioned somewhat more anteriorly and proximally than the usual positioning for nexplanon. These rods were positioned in a v-shape, with tips almost meeting at the distal ends and the proximal ends splayed.

Following infiltration with lidocaine local anaesthetic, I removed both rods through a single small 2mm vertical incision overlying the distal ends, using mosquito forceps and a similar technique as that for Nexplanon removal. Steristrips were applied and sterile bandaging. She was advised extra contraceptive precautions for 7 days and invited to return for review and IUS check at 6 weeks.

I received the removal instructions from Bayer later the same day after the patient had attended!

### FSRH Committee

Any GP who is interested in becoming a council member or committee member of the FSRH please contact Diana Halfnight at [Diana@fsrh.org](mailto:Diana@fsrh.org) for further information. Or email me at [anne.connolly@bradford.nhs.uk](mailto:anne.connolly@bradford.nhs.uk) for a discussion. The FSRH really values primary care input.

### End of Life Coaching Events

End of life coaching is a method of caring for the dying and the grieving which recognizes the patient/client as the expert on their own experience. Through powerful questions that help draw them out and deep listening of whatever they share, we can create an even safer place where they can express their normal feelings. Transformation occurs not by telling them how they should act or feel, but by walking with them where they are.

This training will give you the opportunity to evaluate your current methods of being with the dying and the grieving, and to add some new end of life tools to your toolkit. You will also be encouraged to examine your own views of death and dying

as a part of your self-care – something which many busy end of life caregivers rarely take the time to do.

For more information:

<http://www.3dcoaching.com/developing-skills/coaching-at-end-of-life>



Please visit our [website](#), where new members can also [join the Forum for free.](#)

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