Q & A Session

16 October 2019

 We have been asked how to counsel quickly on the new CHC taking regimes- to explain all the options in depth takes time. How can we do this quickly but effectively?

 Tailored COC advice goes against packet inserts
How many times a year to break
Which regime is best, take every day until bleed and break for a week? •When seeing women using depo Provera for many consecutive years I always discuss the risk of osteoporosis but is there any other advice to give? Is it OK to continue if no other contraindications?

•Is Levosert a cost-effective option to Mirena and Kyleena

- 42-year-old woman requesting repeat Depo
- Last Injection was 13 weeks ago. She is on Depo for the last 3y and has amenorrhea. She had gastric by-pass in 2016. No DM since Gastric bypass. BMI 44
- PMHx: Previous T2DM, Asthma (no inhaler use for the last 4 years). Hypertension.
- Medications: Omeprazole, ferruous fumarate, desunin(vit D3), Calcium, lercanidipine
- STI all negative
- P2 ND, 1 partner for the last 3 years

- 36-year-old Transman came for repeat injection of testosterone.
- He gets the prescription from GP.
- He is also on sertaline and on ventolin sos for asthma and no allergy. He had upper surgery.
- He had multiple casual partners.
- Last sex was with a cis man 2 days ago.
- Sexual health needs/advise ?

- 28 year old heterosexual man presented again to clinic with c/o urethral irritation and discharge.
 He reported that his partner had 10 days treatment from another clinic
- Microscopy revealed NSU again .
- 4 weeks ago he had similar symptoms and was treated with doxycycline for NSU and chlamydia gonorrhoea NAAT test came back negative.
- GC culture was negative

- 26 year old P0 with type 2 diabetes.
- PCOS irregular periods. BMI 36. FH: maternal aunt and cousin's ovarian cancer in 30s.
- Type 2 diabetes in few relatives
- Medications: metformin and gliclazide (zicron).
- Social smoker.
- No allergy.
- Would like contraception and regularise the cycle.

From a beginner in Contraception

Discuss the principles of quick starting and bridging

Management of unscheduled bleeding following use of POP methods

 In case of anal rape with no history of vaginal rape will you still recommend Emergency Contraception