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**Hysterectomy by transvaginal natural orifice transluminal endoscopic surgery versus laparoscopy as a day-care procedure: a randomised controlled trial.**
[OBJECTIVE: To compare hysterectomy by transvaginal natural orifice transluminal endoscopic surgery (vNOTES) versus total laparoscopic hysterectomy (TLH) as a day-care procedure. CONCLUSIONS: vNOTES is non-inferior to TLH for successfully performing hysterectomy without conversion. Compared with TLH, vNOTES may allow more women to be treated in a day-care setting.]

**Hysteroscopy for treating subfertility associated with suspected major uterine cavity abnormalities.**
Bosteels J. *Cochrane Database of Systematic Reviews* 2018;12:CD009461.
[Observational studies suggest higher pregnancy rates after the hysteroscopic removal of endometrial polyps, submucous fibroids, uterine septum or intrauterine adhesions, which are present in 10% to 15% of women seeking treatment for subfertility.]

**Inositol for subfertile women with polycystic ovary syndrome.**
Showell MG. *Cochrane Database of Systematic Reviews* 2018;12:CD012378.
[Subfertile women are highly motivated to try different adjunctive therapies to have a baby, and the widespread perception is that dietary supplements such as myo-inositol (MI) and D-chiro-inositol (DCI) are associated with only benefit, and not with harm. Many fertility clinicians currently prescribe MI for subfertile women with polycystic ovary syndrome as pre-treatment to IVF)or for ovulation induction; however no high-quality evidence is available to support this practice.]

**Lack of care? Women's experiences of maternity bladder management.**
[A healthy urinary system is vital to every woman's life, and the relationship between childbirth and bladder dysfunction has been well documented in the medical literature. The aim of the study was to explore women's bladder care experiences during the antepartum, intrapartum, and postpartum periods. Bladder care was very limited for women during the antepartum, intrapartum and postpartum period although reports of urinary incontinence were frequent.]

Available with an NHS OpenAthens password for eligible users

**Maintenance Olaparib in Patients with Newly Diagnosed Advanced Ovarian Cancer.**
[The use of maintenance therapy with olaparib provided a substantial benefit with regard to progression-free survival among women with newly diagnosed advanced ovarian cancer and a BRCA1/2 mutation, with a 70% lower risk of disease progression or death with olaparib than with placebo.]

**Medical and surgical abortion for women living with HIV.**
Saleem HT. *Cochrane Database of Systematic Reviews* 2018;12:CD012834.
[Concerns have been raised that women living with HIV may be at greater risk of adverse abortion outcomes compared to HIV-uninfected women due to immunosuppression, high rates of co-infection with other sexually transmitted infections, and possible contraindications between medications used for medical abortion and antiretroviral therapy regimens.]

**Understanding incontinence in the older person in community settings.**
Yates A. *British Journal of Community Nursing* 2019;24(2):72-76.
[Conclusion: Continence care within a community setting is multifactorial and requires the healthcare worker to have knowledge of basic continence assessment, simple conservative therapies and management options. If these strategies are implemented in an organised way, the continence status in patient may see some degree of improvement. If this is not achievable, their dignity and quality of life with regard to the continence problems can and should be maintained.]

**Guidelines**

*The following new guidance has recently been published:*  

**Clinical Guidelines for Early Medical Abortion at Home – England**
Royal College of Obstetricians and Gynaecologists (RCOG);2019.  
[This document provides guidance for healthcare professionals in England who provide care for women considering early medical abortion at home (EMA) up to and including 9 weeks 6 days gestation when the first medication is administered.]

*Freely available online*

**Medical management of abortion.**
World Health Organization (WHO);2018.  
[Medical abortion care encompasses the management of various clinical conditions including spontaneous and induced abortion (both viable and non-viable pregnancies), incomplete abortion and intrauterine fetal demise, as well as post-abortion contraception. This guideline includes recommendations on medical management of abortion.]

*Freely available online*
The following report(s) may be of interest:

**Approval of home use for the second stage of early medical abortion**
Department of Health and Social Care; 2018.

[The Secretary of State for Health and Social Care has approved the home of a pregnant woman in England who is undergoing treatment for termination of pregnancy as a class of place where the second stage of treatment for early medical abortion may be carried out. This must be carried out in line with the criteria set out in the document.]

*Freely available online*

**HRT patches and gels 'may be safer' than tablets for older women.**
NHS Behind the Headlines; 2019.

[In absolute terms a VTE was experienced by about 16 women per 10,000 per year not taking HRT. Taking HRT pills raised this risk by about 9 cases per 10,000 each year. Different types of pills had slightly different risks. Use of HRT patches and gels did not increase risk of VTE, though these types of HRT are less commonly used, prescribed for only around 15-20% of the women taking HRT in this study.]

*Freely available online*

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