



SWISH News for GPs January 2021.

Somerset Wide Integrated Sexual Health.

SWISH are following FSRH, BASHH and government guidance on social distancing during the COVID pandemic.

CHC and Covid

FSRH CEU issued the above recommendations for women using combined hormonal contraceptive methods during the pandemic in December 2020.

For full details, please refer to:

<https://www.fsrh.org/documents/fsrh-clinical-effectiveness-unit-statement-use-of-combined/>

Summary:

- 1- Individuals requesting CHC should be counselled about the risk of thromboembolism as usual.
- 2- All individuals requesting/taking CHC should be asked whether they currently suffer from COVID-19 infection, and if so, how severe is the illness?
 - 1- **asymptomatic** – can continue with CHC though offer switch to POP. Women should be made aware that the risk of Thromboembolism may last longer after stopping CHC.
 - 2- **symptomatic Covid-19 infection not requiring hospitalisation:** depending on the severity of the illness taking in consideration the duration of immobility, discontinuation of CHC and initiation of a progestogen-only pill (POP) should be considered. Where appropriate, emergency contraception should be discussed.
 - 3- **Individuals with severe Covid-19 infection requiring hospitalisation:** Patients should discontinue CHC. Where appropriate, emergency contraception should be discussed. An alternative effective contraceptive method such as a POP should where appropriate, be initiated prior to discharge from hospital.

After recovery, the individual may wish to continue POP or to consider an alternative contraceptive method that is not associated with increased risk of thromboembolism. Restarting CHC may be considered when the individual is no longer systemically unwell and has regained full mobility, bearing in mind that it is not known how long elevated thromboembolic risk associated with Covid-19 infection persists.

Dates for Fitters forums with SWISH 2021:

Tuesday Feb 9th 12.30 – 1.30

Friday 16th April 12.30-1.30

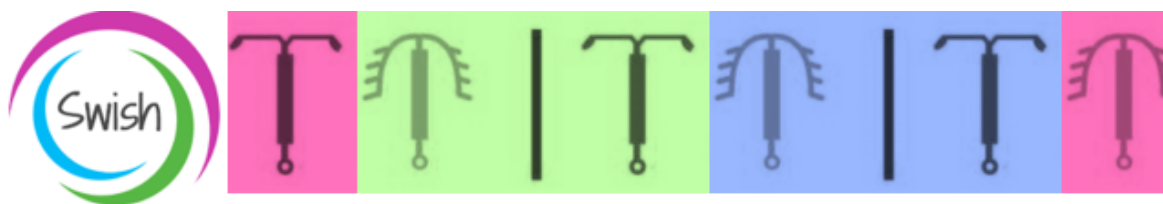
Tuesday 15th June 12.30-1.30

Friday 20th August 12.30-1.30

Tuesday 19th October 12.30-1.30

Friday 17th December 12.30-1.30

To join a fitters forum Please email SWISHTraining@somersetft.nhs.uk



SWISH (Somerset-wide
integrated sexual health)
Virtual Fitters Forum 2021

First meeting of 2021 on the 9th
February 2021

Discuss cases, share experiences
& stay up to date

Join us every 2 months
Email: swish@somersetft.nhs.uk



During Covid we are limiting our complex procedures to vulnerable groups or urgent procedures.

Deep or Difficult Nexplanon removals:

Please Do Not Refer Directly to Bristol.

The regional deep implant removal center in Bristol are receiving large numbers of referrals from Somerset.

Many of these are not deep, and can be removed by the POP UP technique.

We have therefore developed a new pathway:

Please refer deep or difficult Nexplanon for removal to SWISH, we will assess and remove if possible, or refer on to the regional centre.

We have a referral template in the professional's area of the SWISH website.

INTRA-UTERINE DEVICES.

Complex IUCD Referrals

At SWISH we accept referrals from GPs for:

- 1- Difficult or previously failed IUC fitting
- 2- Difficult IUC removal and lost threads. For all absent **threads an ultrasound scan report within the last 6 months** to confirm that IUC is still in situ **MUST** be included in the referral.

Note: We are unable to accept referrals for IUS insertion for **endometrial protection and heavy menstrual bleeding only** unless contraception is required.

For Complex LARC referrals: Please refer to the SWISH website, professional's area for a referral form and e-mail it to Swish@somersetft.nhs.uk

During COVID we have had to postpone appointments and now have a significant waiting list for psychosexual appointments.

Psychosexual medicine referrals.

We accept referral for patients from Somerset NHS services.

Problems for which psychosexual medicine is likely to be helpful:

1. Vaginismus, loss of libido, difficulties with orgasm.
2. Non-consummation and dyspareunia.
3. Erectile dysfunction, ejaculatory problems
4. Emotional and psychosexual sequelae of sexually transmitted infections
5. Difficulties following childbirth.
6. Emotional and psychosexual effects of medical and surgical interventions, including miscarriage and TOP.
7. Psychosexual sequelae of sexual abuse.
8. Sexuality, cancer and terminal care.
9. Effects of ageing, disability or illness on sexuality.
10. Psychosexual problems related to infertility and ending of fertility.

Note: We are not qualified to accept referrals for:

1. Long standing psychiatric conditions.
2. Severe personality disorders.
3. Gender dysphoria.
4. Fetishes and sexual addiction.
5. Forensic or criminal sexual issues.

This is a brief intervention, not long-term support. Patients need to be able to retain information, reflect and interpret.

We are not commissioned to investigate or prescribe for psychosexual problems, so any investigation should be done prior to referral.

For Psychosexual referrals, please complete the referral letter which is on the professional's area of the SWISH website, and e-mail it to

Swish@somersetft.nhs.uk