

Book Review: Practical Obstetrics and Gynaecology Handbook for the General Practitioner

KH Tan

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Practical Obstetrics and Gynaecology Handbook for the General Practitioner is the first local book to be written specifically for family physicians and doctors in the primary health care settings in Singapore. The preface states that the handbook aims to provide provides an up-to-date and concise account of many obstetric & gynaecological conditions based on evidence-based medicine

This large-pocket-size handy book consists of 193 pages of text with supplement flowcharts and pictures, that are divided into 50 chapters, each with useful succinct key points for the family physicians. This is a well-summarised book for the general practitioner (GP) as well as for the seasoned obstetrician and gynaecologist who may want to reaffirm and compare his/her practices or standard referral guidelines with that of the authors/contributors (who are mostly a

group of doctors practising in KK Women's and Children's Hospital, Singapore's largest obstetric & gynaecological facility). The book emphasises fundamental principles and key management points of relevant aspects in obstetrics and gynaecology (O&G) for the GP, which hitherto have generally been buried deep among the thick standard O&G textbooks; and it achieves its objectives admirably. The authors are clearly hands-on practitioners and this is reflected in the style and the direct practical-oriented manner in which the topics are approached.

The line-up of the 50 very short chapters in 4 main parts (Obstetrics; Investigations in Obstetrics; Gynaecology; Investigations in Gynaecology) is comprehensive in coverage of O&G problems and quite smooth flowing. This is indeed a rare book that brings together and synthesises various practical aspects of O&G with simple direct first line management relevant to obstetrics and gynaecology and referral guidelines, in a very readable fashion. It would save the busy GP much time, effort and perhaps agony when pursuing key knowledge and practical tips on O&G just by reading this book first.

The strength of the book is in its summary of key principles/causes and important management facts of the subject topics. This is helped by the liberal use of flowcharts key points, useful listing of important management points, investigations and medications, and various classification tables. The tables are informative and concise, and diagrams useful. I am glad that treatment of recurrent urinary tract infection (UTI) and treatment of recurrent vulvovaginal candidiasis are covered (they are more common than we think) as well as the management of missed contraceptive pills and missing IUCD thread. I am particularly pleased that the colposcopic/speculum view of the various aspects/lesions of cervix, ultrasound pictures of crown-rump length & umbilical artery doppler blood flow assessment chart and flow chart guidelines of management of various urogynaecological problems are illustrated clearly.

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Including the 3 main editors, there are 18 contributors (11 obstetricians/gynaecologists, and 7 other specialists including dermatologists, breast surgeons, dental surgeon and even a lactation consultant). This multidisciplinary collaboration itself reflects the importance of close working relationships between the various disciplines in providing optimal care for O&G patients. Despite the multi-author nature of the book, the style is consistent and concise. O&G management as in many fields of medicine is rapidly changing, particularly with regard to evidence-based practice. The references of the book are very up-to-date, and include important guidelines and reports up to 2005. To my surprise, even one of my very recent article on local antenatal screening for thalassemia (Yeo GSH, Tan KH. Current Issues in Thalassaemia – Antenatal Screening for Thalassaemia. KK Review 2004;7:65-67) was quoted in the reference. There was also a subject based index for easy searching and referencing to the particular O&G topics.

It would be good to have the references directly grouped under each chapter or each of the 4 main parts to facilitate further reading. While the flow charts are good, sometimes the flowcharts proliferate too much within some of the chapters without any textual explanation as to the definitions or clinical presentations. More running explanatory text would balance it up. It is important to share 1 or 2 summary points (boxed up) for each of the condition/chapter e.g. under the chapter of Antenatal Scans – it would be good to emphasize that early dating scans are very important for modern obstetric management. One particular flowchart on causes of subfertility is not necessary as it can be simply tabulated in a table to ensure consistency.

The advice on the role of and referral criteria for the GP should not appear to be unduly restrictive e.g. one of the criteria stated: referral to OBGYN for investigations and management of secondary amenorrhoea after excluding pregnancy. I feel a GP can exclude not only pregnancy but also menopause, hyperprolactinemia and even give a progesterone challenge. Probably I think in a second edition, fine-tuning of the various referral criteria and range of actions prior to referral can be performed and further defined and refined with feedbacks from GPs and OBGYNs.

There are a lot of brand names of medications stated upfront in this book for Singapore GPs. Most of them have the generic names at the side or its components stated but it is important to be mindful that the brand medications used by the authors may be very different from those used in various GP clinics and in other hospitals in Singapore. For example for antenatal

supplements Obimin & Sangobion are quoted directly – perhaps a fairer list under the subheading of examples of multivitamin supplements can be considered (e.g. to include Pramilet and Neogobion etc). The increasing use of DHA/AA supplements (e.g. Neurogain) for pregnancy is not mentioned or explained at all. The use of oral Duphaston for first trimester bleeding if luteal phase deficiency is suspected, can perhaps be worded differently and more sensitively. Firstly I do not think a GP would be able to suspect luteal phase deficiency or its connotations. Secondly Duphaston is only one of the progesterone available for use in threatened abortion (though the most common in KK Hospital). Thirdly, evidence for the use of progesterone in threatened abortion is lacking or controversial.

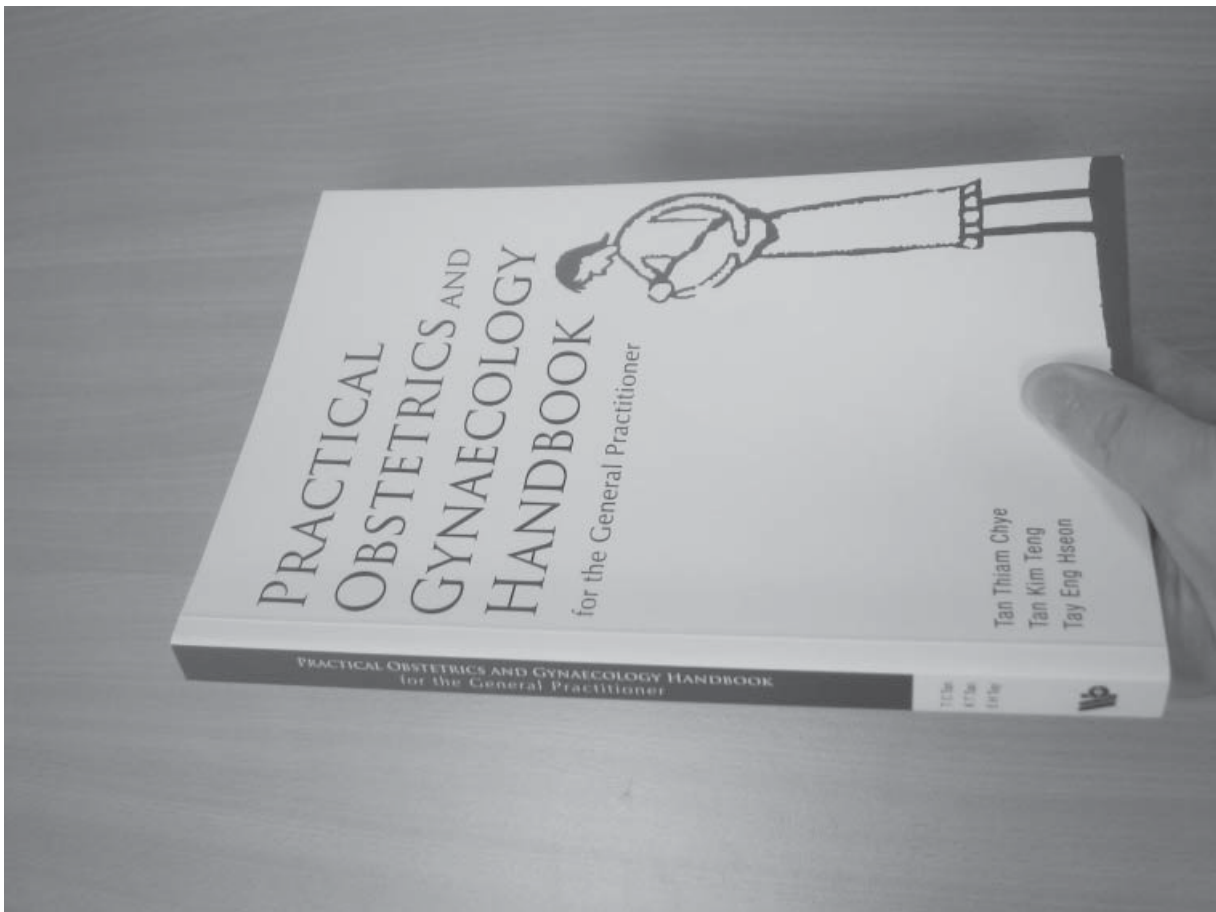
I was a little bit amused that at the very first chapter there is almost a full page of tips on sexual positions for conception under the 2 page chapter of Preconception Preparation. It would perhaps best to defer it under the section of fertility or even of sexual problems. The missionary position (stated as 'affords the best opportunity for baby making' in the book) is the most common position anyway (at least I know for Singaporeans). In apparently healthy couples unless fertility is proven otherwise, perhaps it is best not to dictate sexual positions or deter more adventurous positions under the guise of promoting conception. The libido and frequency of intercourse are more important in ensuring conception. The chapters on PAP smear screening and on Breast perhaps should (or rather must) incorporate practical tips on how to perform PAP smear (including the common problems in smear collection) and how to do breast examination properly. This would inspire our GP confidence and to perform them more often.

The simple bare facts of the handbook may be appealing but have its limitations (in providing reasons and explanations to facilitate deeper understanding of the management issues and options) especially for the new GP, not familiar with O&G patients. It is thus not a replacement for the standard O&G textbook or CME (Continuing Medical Education) teaching sessions. It would be good that regular sessions on various topics for GPs can be conducted by O&G specialists or seasoned GPs as part of CME to enhance the practical value and understanding of O&G problems as illustrated in this book.

Despite the various minor deficiencies of the handbook, I will strongly recommend this handy up-to-date book for the busy GP who will be advised on first hand frontline practical management, referral criteria & guidelines and additional information counselling for the patient on the probable actions by

OBGYN after referral. It deserves a place in any Singapore GP practice clinic desk and in my OBGYN

clinic as well. The retail price is quite reasonable and I would echo strongly that it is a much needed and long awaited book for the General Practitioner.



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