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Letter to the editor

A Frenchman in England



Ectopic pregnancy, hydrosalpinx, and torsion. Who cares about the tubes? She can have IVF. Or maybe not

In both countries most ectopic pregnancies are managed surgically, and surgeons do the operation laparoscopically. But inside the abdomen things differ. French doctors do all they can, not only to conserve the ovary, even if the contralateral one is present, but also to conserve the tube. Unless the patient is moribund, or the bleeding uncontrollable, the French often start with a salpingotomy, removal of the pregnancy and tube compression to control bleeding. Many repair the damaged tube.

In England surgeons typically go straight to salpingectomy and, if the contra-lateral ovary is present and the anatomy makes it more convenient, sometimes even ovarian removal at the same time. They are not necessarily wrong. The patients are consented for the oophorectomy, and ensuring all future ovulations are on the same side as the remaining tube, and speedy simple surgery are both good. But it's a different culture. And UK minimalism does not stop there.

After removing the pregnancy, conserving the tube and achieving haemostasis, some French doctors go so far as to test tubal patency by introducing a Cohen catheter into the uterine cavity, and instilling passing dye. English doctors never do that. They argue that it might provoke bleeding, damage the tube, spread infection, or give a misleading result. Perhaps they are right.

In both countries the patient usually goes home on day one; the benefits of early mobilisation have been learned everywhere. What the French call "Réhabilitation Rapide Après Chirurgie" (RRAC), the English call "Enhanced Recovery After Surgery" (ERAS) and both countries believe in it.

But things differ after that. Where a French patient often has a follow-up appointment arranged with a fertility specialist, her English sister rarely does. She is warned of the increased risk of a future ectopic and told to attend for a scan early in her next pregnancy, but that's all. It is forbidden for a hospital doctor to make a direct fertility referral. Follow up is left to her general practitioner, the equivalent of the French *médecin généraliste*, through whom all referrals must go. The idea is not just to save money but encourage competition by ensuring all patients have a free choice of providers.

This difference in attitude to tubal conservation is not limited to ectopic pregnancy. Faced with hydrosalpinx, or adnexal torsion, the French surgeon's attitude is much more conservative (salpingostomy, untwisting) than the English (salpingectomy). Despite this there is much less state funding of fertility treatment in England than in France, but that's for next month's letter.

No wonder UK health spending is lower than France, and they manage with fewer doctors.

Antoine Torre*

Jim Thornton

Division of Child Health, Obstetrics & Gynaecology, University of Nottingham. Maternity, City Hospital, Hucknall Road, NG5 1PB, Nottingham, United Kingdom

* Corresponding author.

E-mail addresses: dr.antoine.torre@gmail.com (A. Torre),
jim.thornton@nottingham.ac.uk (J. Thornton).

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