

# Editorial

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I am pleased to announce that the 2008 issue was successfully published in 2008. Thank you for the contribution by all concerned parties, in particular, our two new midwife editors, Ms Ludy Ng and Irene Lee. Three of the eight articles in this issue were the product of the research projects of the O&G trainees. Congratulations to their success.

Is laparoscopic colposuspension better than open colposuspension for the treatment of genuine stress incontinence? A randomised controlled trial conducted by Chan et al<sup>1</sup> showed that there were no differences in the success and complication rates at 1 and 3 years between the two types of colposuspension. As expected, the smaller amount of blood loss, faster recovery, an earlier return to work but longer operating time were associated with laparoscopic colposuspension. Experienced surgeons are required.

Treatment of vaginal vault prolapse is a challenge. Two commonly performed procedures are abdominal sacrocolpopexy and transvaginal sacrospinous ligament fixation. Kwok et al<sup>2</sup> reported their preliminary experience of using intravaginal slingoplasty (IVS), a new procedure, to treat this disorder, and found that IVS was safe and effective. Whether IVS provides better subjective and objective cure rates over conventional procedures is not clear.

Lee and Ip<sup>3</sup> studied the objective breastfeeding efficacy (breastfeeding performance) and subjective breastfeeding efficacy (breastfeeding confidence), and the factors affecting them. They showed that there was no correlation between the objective and subjective efficacy.

Surgery is the mainstay of treatment of ectopic pregnancy. In selected cases and with careful monitoring, ectopic pregnancy can be treated medically or even conservatively. Cheng et al<sup>4</sup> reported a success rate of 63 to 75% in treating 25 ectopic pregnancies by non-

surgical methods in a 3-year period in a public hospital.

Transcutaneous electrical nerve stimulation (TENS) is one of the non-pharmacological means of pain relief for labour and delivery. Ho et al<sup>5</sup> reported a significant decrease in the use of pethidine injection by 3.7% after the introduction of the TENS machine. Use of visual analogue scale and comparison with other methods of pain relief are required to further assess the effectiveness of TENS.

Appropriate use of statistics can improve the reliability and credibility of the findings from medical research. Fong et al<sup>6</sup> observed substantial inadequate use of tests in contingency table analysis in a highly ranked journal in obstetrics and gynaecology and found no notable improvement over the past 5 years. The authors suggested some tips to avoid errors in using contingency table analysis.

Lee et al<sup>7</sup> reported a case of ovarian vein thrombosis, which presented as postpartum fever and appendicitis-like symptoms. The diagnosis can be made by ultrasound or computed tomographic scan.

Lam and Lam<sup>8</sup> reported a very rare case of Segawa disease in pregnancy. The maternal and perinatal outcomes were favourable. The difficulties in the prenatal diagnosis of Segawa disease were discussed.

I hope you would enjoy reading this issue. We plan to publish the next issue in mid-2009. You are most welcome to choose our journal to publish your work. I am looking forward to receiving your contribution.

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