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CORRESPONDENCE

- *All letters must be typed with double spacing and signed by all authors.*
- *No letter should be more than 400 words.*
- *For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the BMJ.*
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Postoperative thromboembolic disease and oral contraceptives

SIR,—The relation between postoperative thromboembolic disease and the combined oral contraceptive pill is now well established.[1-5] Guidelines have been suggested by Guillebaud[1] and incorporated into the *British National Formulary* in order to correct misunderstandings and minimise the risk of unwanted pregnancy.[6] In addition, the subject has been extensively discussed in medical correspondence.[7-9]

Many anaesthetists, however, have noted with concern that there is still considerable confusion about this matter. Women admitted for major surgery continue to arrive in hospital still using combined oral contraception; conversely, many other women have their minor surgery unnecessarily postponed, often for three months. The anaesthetist is often expected to resolve this problem at a preoperative visit.

Both circumstances are avoidable. It is clearly the responsibility of the surgeon to elicit the relevant history in the outpatient department. When major surgery is planned the patient should be counselled and given at least one month's notice of admission. This should not be impossible in view of the fairly small proportion of admissions accounted for by this population. In the case of minor surgery the patient can be reassured that any increase in risk is minimal in comparison with that of pregnancy. Whatever advice is given should also be included in correspondence to the patient's general practitioner. Junior surgical staff can be instructed on this topic in a matter of minutes, and such tuition would need repeating only every six months.

Why, then, is there still a problem? We believe that the answer is threefold: firstly, lack of knowledge; secondly, failure to organise an efficient scheme for detecting, advising, and admitting these patients; and, thirdly, apprehension engendered by a case reported in the Medical Defence Union's annual report for 1986.[10] This has been widely misinterpreted as implicating a contraceptive pill in the occurrence of a brainstem thrombosis under anaesthesia. Careful reading of the report, however, shows that no such thrombosis occurred, and when we contacted the Medical Defence Union for further details we were told that the settlement made no reference to the contraceptive pill.

Postoperative thromboembolic disease is primarily a complication of surgery; we suggest that the onus of counselling the patient, or cancelling the operation, should no longer be placed on the anaesthetist. The evening before the list is not the time to discuss such a matter; the patient suffers needless anxiety, and no useful contribution to her management can be made.

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Pyomyositis associated with hepatitis

SIR,—Dr R A Watts and colleagues (13 June, p 1524) describe a case of pyomyositis in a patient with antibodies to the human immunodeficiency virus; we recently saw a patient with pyomyositis associated with hepatitis A infection, which has also not previously been reported.

A 21 year old heterosexual naval engineer was admitted with fever, hepatosplenomegaly, and painful swelling of the right thigh. He had just returned from a four month voyage to the near east, during which six crew members had fallen ill with infectious hepatitis. Five of them made uncomplicated recoveries, but our patient, two weeks after the onset of jaundice, developed bilateral thigh pain and swelling. The left thigh improved spontaneously, but the right thigh became more painful, and four weeks after the onset of symptoms he could not bear weight on the right leg. There was no history of trauma, skin lesions, or intramuscular injections. On examination he was feverish (38·5°C) and had moderate hepatosplenomegaly and a swollen, woody, and hard right thigh. A test for hepatitis A IgM yielded