

# Editorial

I seem to be surrounded by people with watering eyes. No, I'm not referring to some of the more naïve students, who think that this heart of hardened steel will be warped by a lachrymose expostulation on just why they missed my latest teaching round this time but, rather, those who are having their corneas shaved and adjusted to allow them better than 20/20 vision. What brought this to mind was a 'horizon scanning' exercise by the TOG Editorial Board and the Scientific Advisory Committee in which we have been trying to predict the future – (also known as a 'Mystic Meg' exercise – given my total failure ever to predict anything except, once, the number of mini-Easter eggs in a jar at a raffle, maybe I am not the one best placed to lead such an exercise). I have to admit that, with my bilateral astigmatism and my ever more apparent deficiency in arm length, the horizon is about all I can identify with some confidence these days. The issue though is, of course, can we see beyond the horizon?

I suspect that if any of us are asked 'So what's changed in your specialty in the last 10 years?' most of us would say 'Not that much'. When we're working in an area we make innovations and changes, we amend and alter guidelines and protocols and no-one really notices (except for the misinformed patient or two whose overinterpretation of small print can make our lives difficult – my most recent one, 'So, Professor McClure can't remember who was with him on his ward round? I find it incredible that it was not recorded in the notes') – oh, and that will be a new box in the care pathway paperwork: just who was present at each encounter with every patient. But, I digress (again). Artificial gametes, sentinel nodes, HPV vaccination, high-frequency ultrasound to treat fibroids, the resurgence of syphilis, chlamydia screening, mesh and mesh kits for vaginal surgery (though I have to confess to a certain mesh fatigue in my cerebral hemispheres), HRT – I can't figure that one out either, though I have now narrowed its effects on the heart down to two options – good for it and bad for it. I remember some of the older consultants adopting a vacant look in Membership teaching classes all those years ago when we would bring up some ludicrously modern idea like endometrial ablation or fibroid embolisation – they

would smile pontifically and nod sagely and we all knew they hadn't the faintest notion what we were discussing. I now know that look from the other side. What on earth are emerging RNA technologies, let alone haplotype mapping? Watch these columns and we can learn together over the next few issues.

So what are we going to learn about in this issue? First off, those prolific urologists are writing again – this time showing their value in obstetrics with a very considered article by Rohna Kearney and Alfred Cutner on postpartum voiding dysfunction. The Bristol team (Siassakos, Syed and Wardle) remind us that the horizon extends behind us as well as in front of us, with a beautiful reassessment of the role of tubal surgery, cautioning against the idea that IVF is indicated in all cases of tubal infertility. Again, in the field of PIGS (not swine, but preimplantation genetic screening) Caroline Ogilvie shows us that the bold frontiers are still just that. Akila Anbazhagan and Ralph Roberts introduce us to botulinum toxin and its role in the pelvic floor. David Hutchon has spoken often on cord clamping (or rather, not cord clamping) and today has a Views and Counterviews article on this. Simon Edmonds and Keith Allenby also take up the soapbox, telling us about how 24-hour delivery suite cover worked for them in New Zealand. The Scientific Advisory Committee article is on cervical insufficiency: Manju Chandiramani and Andrew Shennan give us a most scientific and excellent exposition.

Finally, and particularly for those about to be interviewed for a consultant's post (but of course, for us all), is a first-rate overview of good governance by David Churchill.

Enjoy your read.

*Neil McClure*

Editor-in-Chief

## Neil McClure



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