services.⁶ One of its recommendations was the designation of level I trauma centres in the UK. Although this may improve the outcome of severely multiple injured patients, we still feel that patients with isolated or predominantly splenic injury can be safely managed in a DGH provided that general surgical, anaesthetical, intensive care and CT scan services are available on demand, as well as an interventional radiologist during working hours.

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COMMENT ON

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N Coull, H Mastoroudes, R Popert, TS O'Brien. Redefining urological history taking – anal intercourse as the cause of unexplained symptoms in heterosexuals. *Ann R Coll Surg Engl* 2008; **90**: 403–5

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Urological history taking

RASHEED AHMAD, ATIF KHALIL
Consulting Rooms, 'Shalamar', Woolton Park, Liverpool, UK

CORRESPONDENCE TO

Rasheed Ahmad, Consulting Rooms, 'Shalamar', Woolton Park, Liverpool L25 6DU, UK
E: theahmads@aol.com; W: www.rasheedahmad.co.uk

In patients suspected of a urinary tract infection, it is a mandatory requirement to take, in detail, the sexual history. Coull and colleagues describe their 9 cases with symptoms of urinary tract infection following anal intercourse in heterosexuals practising unprotected sex. However, it was interesting to note that all, including the three who had not received antibiotics, did get better. Again, all but another three had undergone an ultrasound examination but the staging and indication of this investigation was not made clear. Further, the authors in their discussion recommended the use of condoms in anal intercourse but only recommended this practice to three of their 9 patients. Finally, we must remind the authors that the practice of

vaginal intercourse outside marriage is not only forbidden in some cultures but also in all Abrahamic religions.

AUTHORS' RESPONSE

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NADINE COULL, TIM O'BRIEN
Department of Urology, Guy's Hospital, London, UK

CORRESPONDENCE TO

Nadine Coull, Department of Urology, Guy's Hospital, London, UK
E: nquatan@hotmail.com

We thank Ahmad and Khalil for their comments on our clinical vignette. Broadly speaking, the urinary tract ultrasound was usually combined with a flow study and was used to exclude a range of urogenital complaints including incomplete bladder emptying, bladder stones, stricture disease, localised testicular infection or tumour.

Urinary infections sometime improve without antibiotics as any woman who has had bacterial cystitis will attest. All patients were advised that unprotected anal intercourse was probably contributing to their symptoms, and it is unsurprising that the symptomatology of these patients improved without recourse to the use of antibiotics. The use of condoms was especially recommended to the patients who did not wish to discontinue the practice altogether.

The 'reminder' about the sexual practices considered acceptable by various religions is unnecessary – we merely report on the patients we had an opportunity to help.

COMMENT ON

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L Corfield, A Schizas, A Williams, A Noorani. Non-attendance at the colorectal clinic: a prospective audit. *Ann R Coll Surg Engl* 2008; **90**: 377–80

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'Lean' out-patient clinics

HP PRIYANTHA SIRIWARDANA, GORDON N BUCHANAN
Colorectal Unit, Department of GI Surgery, Charing Cross Hospital, London, UK

CORRESPONDENCE TO

HP Priyantha Siriwardana, Colorectal Unit, Department of GI Surgery, Charing Cross Hospital, Fulham Palace Road, London W6 8RF, UK
E: hppsir@hotmail.com

We would like to congratulate Corfield and colleagues for their recent audit on colorectal clinic non-attendance,