

VAGINAL STERILISATION AS CONCEPTION CONTROL

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The most burning problem of our nation is to reduce the soaring rise in population. All possible methods must be employed to control it. It is impossible as well as unscientific to generalise the methods for 'conception control'. Every case must be treated on its own merits and difficulties. Due to one reason or the other, some of the women refuse sterilisation at the time of delivery, though they have sufficient number of children. These very women later on change their minds and desire to stop childbearing. Most of them carry an erroneous impression that a woman can only be sterilised after delivery and never in the non-pregnant state. For them vaginal sterilisation is the answer.

This operation was carried out on 160 patients in the gynaecological department of K.E.M. Hospital, from January 1954 to December, 1965. These patients were motivated at gynaecological outpatients' department where they had come for some gynaecological complaints. Study of these cases is presented as follows:

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Method	No. of cases.	
Pomeroy's	76	47.5%
Madlener's	72	45.0%
Lateral salpingectomy	12	7.5%

Age and parity: 83% of patients were between the ages of 26 and 35 years. In young patients it is neither desirable nor easy to advise loop or pills for contraception for a period of 10 to 20 years and therefore sterilisation is the best method for avoiding further conceptions; 83.7% of patients were Para IV or above.

Indications: Commonest indication in this series was (97.5 per cent) socio-economic; 81.2 per cent had income less than Rs. 200. Four patients underwent operation for medical indications like heart disease, hypertension and pulmonary tuberculosis.

Operation: After spinal anaesthesia and lithotomy position, approach was from the posterior vaginal wall and pouch of Douglas in 152 cases out of 160. In only 8 cases the approach was through the anterior utero-vesical fold. Pomeroy's technique was employed in 76, 47.5%, Madlener's in 72, 45% and partial salpingectomy in 12, 7.5%.

The operation was carried out 3 months to several years after the last delivery.

Associated Surgery: This was carried out in 23 cases, and consisted of repair of cystocele and rectocele in 10, rectocele alone in 12 and complete perineal tear in 1.

Hospital Stay was for 5 days in all the patients undergoing sterilisation alone, while in those requiring additional repair it was 8 to 10 days.

Post-Operative Complications: Spinal headache was the commonest complaint in 27.5% of cases, fever in 5.7% and urinary infection in 3.7%. No patient died of the operation or anaesthesia.

Follow-Up: This was possible in 45, 28.1% of the cases. The operation was successful in all these cases. As regards morbidity, menstrual irregularities were quite common. Oligomenorrhoea was the commonest and occurred in 28.8%. Backache was a complaint in 11.1% of the cases. Clinical examination revealed thickening of fornices in 9, (20%), tubo-ovarian mass in 7, (2.2%), cervical erosion in 5, (11.1%) and fixed retroverted uterus in 8, (17.7%) cases.

Discussion

This operation has a few outstanding advantages.

1. It can be done in a non-pregnant woman.

2. Abdominal scar is avoided.

3. Postoperative course is smoother than after an abdominal operation.

This operation would be of great assistance in family planning programmes, if gynaecologists, medical practitioners and para-medical personnel could, by constant vigilance, motivate multiparous women to undergo this simple procedure.

Summary

1. Vaginal sterilisation was carried out in 160 patients in the gynaecological department of K.E.M. Hospital from Jan. 1954 to December 1965.

2. Majority of the patients had 4 or more living children at the time of operation.

3. Operation was done through the pouch of Douglas in the majority of cases.

4. Operative complications were nil. Postoperative headache was the commonest complaint.

5. Follow up study of 45 cases is given.

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