LAPAROSCOPIC REMOVAL OF EXTRA UTERINE LIPPES LOOP

by

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Gynaecologists have removed intra-abdominal I.U.Ds in the past by laparotomy. Since the laparoscope gives a clear view of the abdominal and pelvic cavity the author removed an extra uterine I.U.D. by laparoscope. This case is reported to emphasise the place of laparoscope in removal of intra abdominal loops, and such other bodies which can be easily removed thus.

References

Mrs. K. 21 years was seen on 25th June 1976 in the Diagnostic outpatient of the Employee's State Insurance Hospital with a history of one and a half months amenorrhoea—She had a full term normal delivery one year back, and had Medical Termination of pregnancy on 3rd March, 1976. After the suction, a Lippes loop was inserted on 5-3-1976. She had two normal periods, the last one on 7th May 1976. From 11th June she developed abdominal pain and was told by her dector that she was pregnant and the loop was extra uterine. She had been advised laparotomy for the removal of the loop, but refused it. She was referred to the Specialists Centre of E.S.I.S. Diagnosis of pregnancy was confirmed as the uterus was 8 weeks size.

She was admitted in the Mayo General Hospital. Medical Termination of pregnancy was done by suction under paracervical block. The loop was removed easily under local anaesthesia as the patient was very co-operative. At first single incision Laparoscope was used, but as the diameter of the loop was big for the scope, double incision instrument was used and the loop came out very easily. The tail of the loop was caught hold of by the forceps and the loop pulled out through the cannula. In case the foreign body is bigger for the cannula, one can hold the foreign body with the grasping forceps, and pull the cannula and the forceps holding the foreign body, together, the grip of the forceps should be tight, lest the foreign body slips.

Comments

Extra uterine I.U.D.s are commonly removed by laparotomy, Mazummdar (1970). There is uniform agreement that the closed devices e.g. "Bow" should be removed to prevent strangulation of the intestines. Copper I.U.D.s should also be removed because inflammation and adhesions around these active devices are likely. As regards the linear devices, there is some diversity of opinion. The author feels that all the extra uterine devices should be removed by planned operations instead of waiting for the complications to arise. By their removal the patient is relieved of her mental worries, and avoids an emergency operation.

Reports suggest that the extra uterine loops can be removed by a laparoscope (Cibils 1975; Kozloff 1975). In this case as the patient refused laparotomy with the first gynaecologist, the author removed it easily. This is a simple and easy method and avoids a laparotomy, long

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hospital stay and the risks of general and spinal anaesthesia.

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References

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