IMMEDIATE SEQUELAE AND RATIONALE OF MENSTRUAL REGULATION

by

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Introduction

There has been since long an intensive search for the safe and effective method of contraception and early termination of pregnancy. Menstrual Regulation (MR) could be a convincing answer if safety, effectiveness, time sparing and economy could be undoubtedly proved. Also if the method and timing could be utilized for long term contraceptives, then MR would bear a double reward. This study is an attempt to answer some of these questions.

Material and Methods

Two hundred patients who sought early termination of pregnancy at the All India Institute of Medical Sciences Hospital were included in this study.

The criteria for eligibility and procedure carried out are detailed below:

(a) *Medical Eligibility*:

(i) Five to six completed weeks of gestation (maximum 45 days). Calculated from last menstrual period and checked by judging uterine size before abortion.

(ii) Not having sterilisation procedure simultaneously.

(iii) No previous uterine trauma (e.g. perforation) or major uterine surgery, such as myomectomy, hysterotomy or caesarean section.

(iv) No history or evidence of hypertension requiring treatment.

(v) No history of chronic pelvic inflammatory disease (PID) or symptoms suggestive of acute PID.

(vi) Not under treatment of diabetes.

(b) *Social Eligibility*:

(i) Home accessible for follow-up by staff.

(ii) Home within pre-determined follow-up area.

(c) *Standard procedure*:

(i) Pregnancy test performed prior to the aspiration.

(ii) No oxytocics and/or analgesic premedication used.

(iii) No anaesthesia.

(iv) No planned dilatation other than with cannula.

(v) Vacuum source an electric pump 0.7—0.9 atmosphere pressure.

(vi) No subsequent check curettage.

(vii) Aspirate measured and examin-

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ed histologically for evidence of pregnancy.

(viii) Pelvic examination and urine pregnancy test at 4 week follow-up.

(ix) Minimum observation period of 1 hour following procedure.

(x) No antibiotics given prophylactically.

Observations

A total of 200 patients were selected for the study. The age group varied from 16 to 45 years.

Distribution of patients in relation to age group is shown in Table I. Fifty per cent of the patients were overdue by 11-15 days. It is in this category that the maximum volume of aspirate was encountered. Table II shows the distribution of patients in relation to period of gestation and amount of aspirate.

TABLE I
Age Distribution

Age group (Years)	No. of patients who had MR
16—20	12
21—25	64
26—30	66
31—35	40
36—40	13
41—45	5

TABLE II
Distribution of Patients in Relation to Period of Gestation and Amount of Aspirate

Gestation period (No. of days by which overdue)	No. of patients	No. of patients in relation to volume of aspirate		
		Volume of aspirate in ml.		
		0-10	11-20	>20
0—5	16	5	11	0
6—10	84	37	37	10
11—15	100	24	48	28

Pregnacy test was done prior to the procedure and accuracy confirmed by the histopathological examination of the aspirate. The results are shown in Table III. In 2.5% pregnancy test was false positive and in 4% it was false negative. Histopathological findings are shown in Table IV. Pregnancy was confirmed in 80.5% cases.

TABLE III
Accuracy of Pregnancy Test as Judged by Histology of Aspirate

Pregnancy Test	Number of patients
Positive	166
Negative	34
False positive	5 (2.5%)
False negative	8 (4%)

TABLE IV
Histological Findings

Gestational Products	161
Secretory endometrium	31
Miscellaneous	8
Total	200
Miscellaneous include:	
Nonsecretory endometrium with mild hyperplasia	2
Nonsecretory endometrium	2
Secretory endometrium with focal decidual change	2
Tissue inadequate for opinion	2

Immediate complication: No immediate complication during the procedure in the form of haemorrhage or excessive blood

loss requiring blood transfusion, injury to the cervix or corpus uteri, were encountered.

Contraceptive Acceptance: Forty patients (20%) accepted intrauterine contraceptive device. After MR 15% preferred to use hormonal contraceptives and 65% wished to use conventional contraceptives.

Evaluation at four weeks: Of the 200 patients, 20 were found to be symptomatic. The principal symptomatology presented was as follows:

(i) Suprapubic or lower abdominal pain—14 patients.

(ii) Pain in legs—2 patients.

(iii) Burning during micturition—2 patients.

On clinical examination, the diagnosis of pelvic inflammatory disease was confirmed by pelvic examination in 5 patients (2.5%).

Urinary tract infection was confirmed by urine culture and appropriate antibiotics as per sensitivity test were administered.

Symptoms in relation to non-IUCD group are shown in Table V. The pain

TABLE V

Symptoms Observed at Follow up

	Non IUCD group (160)		IUCD group (40)	
	No.	%	No.	%
Pain and cramps	4	2.5*	10	25*
P.I.D.	3	1.9	2	5
Pain in legs	1	0.6	1	2.5
Urinary tract infection	2	2.25	0	0
Repeat curettage	4	2.5	0	0

* P value <0.001

and cramping was more often found in the group with IUCD and in 2 removal of IUCD became necessary for these symptoms.

Major complications like septicaemia, peritonitis, ectopic pregnancy were not encountered in any patient.

No patient had continuation of pregnancy as confirmed by clinical examination and negative pregnancy test done at four weeks follow up.

Discussion

Menstrual Regulation was performed as an outdoor procedure, on 200 healthy women who had amenorrhoea upto 45 days. The procedure was done without analgesic and anasthesia as the same are not required since no dilatation of cervix is done. No antibiotics were administered prophylactically, since it is a non-touch clean procedure. No patients were given oxytocics. This not only reduces the expenditure of the drugs, but maintains patients in active and alert state and avoids the side effects of the drugs e.g. nausea, vomiting and drowsiness with pethidine and reactions with local analgesics. Use of electric vacuum aspirator is considered useful to provide effective suction as no continuation of pregnancy was observed in this series though 2% of the patients required further curettage.

Ten per cent complained of minor symptoms at the follow-up examination.

Pelvic inflammatory disease occurred in only 1.5%. The incidence of a repeat procedure was 2.0%. No major complications were noted in this group.

Since 20% of cases who seek MR are not pregnant, it is worthwhile to submit them to MR only if the pregnancy test is positive. In the absence of facilities for pregnancy test, if the aspirate is submitted to histological examination routinely, then even other pathological disorders may be detected in the absence of preg-

nancy. Patient's anxiety is immediately relieved since she will not be continuing with unwanted pregnancy. This has to be weighed against the risk of minor infection of 1.3% which is comparable to that reported by others (Vlugt *et al* 1974). All patients accepted some or the other method of contraception. In 20% IUCD was inserted immediately after abortion. Fifteen per cent opted for hormonal contraception and the remaining 65% desired to use conventional methods. It is concluded that MR appears to be reasonably safe, effective and acceptable method and forms a nucleus to propagate conception control. The method can be recommended for wider use.

Summary

The safety, efficacy and simplicity of Menstrual Regulation has been evaluated in 200 cases. All patients had missed their menstrual period by less than 15 days. Pregnancy test was performed in all of them and irrespective of its result, Menstrual Regulation was performed. The endometrial aspirate was submitted to histopathology in all cases. Pregnancy test was positive in 84% cases, while histological evidence of pregnancy was encountered in 80.5%. No prophylactic antibiotics were administered routinely. Minor infection was observed in 3% which responded to treatment. Minor symptoms were noted in 10% of the cases. No serious complication occurred in this group. Repeat procedure for incomplete abortion or persistent bleeding was required in 4 (2.0%) cases. Continuation of pregnancy was not encountered in any case as shown by a negative pregnancy test and clinical evaluation four weeks following the procedure. It is concluded that menstrual regulation is a simple and safe out-door procedure and useful adjunct to the family planning programme as after MR 20% accepted IUCD 15% hormonal contraception and 65% conventional methods.

References

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