TUBECTOMIES IN RURAL AREAS OF JAIPUR DISTRICT

by

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Jaipur is a big district having population of 24,82000, out of which nearly 71.5 per cent is rural (17,36000).

In urban areas. tubectomy was started long back, but in rural areas, this method of family planning was recently accepted.

First of all in 1969 in Himachal Pradesh 253 cases of female sterilizations were performed at Primary Health Centre level. Next in 1970 at Dabhra Primary Health Centre 94 cases and in 1971 at Tarikere in Chikamagalur district of Mysore State 195 cases were performed.

In Jaipur district we have started rural tubectomies at Primary Health Centres and sub-centres in 1974 in the form of mini camps. There was voluntary acceptance of this permanent method of family planning as facilities were provided then and there.

Most of the village women although willing, still could not accept this method at urban hospitals because of some domestic circumstances or fear, which completely disappeared when they were explained properly about the methodology and its late effects.

The present study includes 1065 cases of tubectomies done at Primary Health Centres and sub-centres from December 1974 to November 1975. Out of which, 1000 cases were operated through vaginal route in which transverse or longitudinal incision was made and only 65 cases through abdominal route. Vaginal tubectomies were done as an interval procedure and with the medical termination of pregnancy. Abdominal tubectomies were done both puerperal and non-puerperal.

The method employed was the Pomeroy's and Viennese Method.

Observations and Discussion

In the present study general anaesthesia was given in most of the cases. Spinal anaesthesia was given in cases with full stomach and local anaesthesia was given in 2 cases where general and spinal anaesthesia were contraindicated.

The maximum number of cases were in the age group 25-34 years and 84.96 per cent of cases were having 4 or more children. Similar observations have been made by Ananthacharyulu *et al* (1970), Hazurabad Tubectomy Camp (1970), Verghese (1971), Uppal (1973) and Kuntal *et al* (1975).

This shows that because of the system of early marriages most of the women complete their family in this age group and accept this permanent method of family planning.

97.0 per cent of the cases were illiterate, which shows that illiterate persons if ex-

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plained in detail about the operation accept happily this method of family planning.

Most of the cases who had undergone tubectomy operation were Hindus and belonged to low or middle income group according to Prasad's Classification (1970).

Rectal injury occurred in 1 case during vaginal sterilization in which longitudinal incision was made in the posterior vaginal wall. Repair was done and there was no post-operative complication.

There was rupture of cystic ovary in 5 cases. This occurred while searching for tubes, but there was no haemorrhage from rupture site so nothing was done and patients were allright in their post-operative period.

One case had bleeding per vaginam after the operation, bleeding was from the angles of the stitch line which was stitched and bleeding stopped.

Immediate Post-operative Complications

Spinal Headache—was present in 25 per cent of the cases in whom spinal anaesthesia was given. The reason may be thick needless used for anaesthesia which can be avoided.

Febrile Convalescence—1.2 per cent of cases had slight temperature from 99°F to 100° F for 3 to 4 days which subsided after antibiotics. Kuntal *et al* (1975) also observed fever in 1 per cent of their cases.

Distension of Abdomen—Slight distension of abdomen occurred in 0.46 per cent of cases on 1st day, who came with full stomach.

Late Post-operative Complications

Abdominal wound infection was present in 7.6 per cent of the cases and pelvic inflammation and pelvic abscess developed in 2 per cent of cases. Kuntal *et al* (1975) found stitch abscess in 8 per cent of cases.

Peritonitis and Paralytic Ileus

This was the most unfortunate complication which occurred in 0.18 per cent of cases (2 cases). In 1 case, medical termination of pregnancy with vaginal sterilization was done and in the other case only vaginal sterilization was done. They were discharged in good condition. After few days they complained of pyrexia, pain in lower abdomen and diarrhoea, but came to the hospital very late when they had already developed peritonitis. Both of these patients could not be saved in spite of every effort.

All these observations of post-operative complications show that although 2 cases had severe infection and developed peritonitis, the incidence of minor type of infection and morbidity was not much. This can be due to better resistance power of the patients in rural areas and absence of cross infection.

Follow-up Study

Follow-up was done after 1 month, 3 months, 6 months and 1 year of operation. Patients who did not come for follow-up, it was presumed that they were well.

Menstrual Disturbances (25%)

Menorrhagia was the most common complaint present in 14.4 per cent of cases. It was observed in 18 per cent of cases by Bisney *et al* (1967), in 7 per cent of cases by Mathur and Lal (1972), while Gun (1971) noticed it in 27.4 per cent of cases and Dawn *et al* (1968) in 27.6 per cent of cases.

Various theories have been postulated by different authors for menstrual disturbances after the sterilization operation. Some say it is due to disturbance of

ovarian blood supply, others say it is due to dysfunctional uterine bleeding which is also common in the same age group in which sterlization is done. Other causes may be pelvic adhesions and medical disease contacted recently.

Backache and Leucorrhoea (25% & 18%)—were also common complaints. These may be due to erosion of cervix and chronic cervicitis already present. Gun (1971), Mathur and Lal (1972) and Kuntal *et al* (1975) also reported these complaints in their patients.

Pain in Lower Abdomen (20%)—This is otherwise also a common gynaecological complaint. Dawn *et al* (1968) reported that hydrosalphinx and pelvic adhesions may be the cause of pelvic pain in few cases.

Failure Rate

In the present study failure rate was nil but one year follow up is too short period to speak about failure of operation.

Obesity (1 per cent)

The cause of obesity is difficult to explain but may be that there is no fear of pregnancy, so patient is not under tension.

Sexual Disturbance

Sex desire increased due to freedom from pregnancy and decreased in some cases naturally as age advanced.

Dyspareunia (2.1%)—may be due to thickening of fornices and cystic ovaries in few cases while in others this may be merely psychological.

Bisney *et al* (1967) reported Dyspareunia in 2 per cent of cases and Dawn *et al* (1968) found it in 2.3 per cent of cases.

Clinical Findings on Follow-up Study—Unilateral or bilateral tubo-ovarian mass was found in 2 per cent of cases and thickening and tenderness in 5 per cent of cases. Kuntal *et al* (1975) found adenexal mass in 1.1 per cent of their cases.

Mortality

Mortality rate was 0.18 per cent (2 cases). The cause of death in both the cases was peritonitis and paralytic ileus.

Summary and Conclusion

The study of 1,065 cases of tubectomies performed in rural areas of Jaipur district from December 1974 to Nov. 1975 was carried out.

One thousand cases were operated through vaginal and only 65 cases through abdominal route.

In most of the cases general anaesthesia was given.

The maximum number of cases were in the age group 25-34 years.

Majority of cases were having 4 or more children.

Maximum number of cases were Hindus.

Most of the cases were illiterate.

The complications during operation were few.

The incidence of minor post-operative complication was not much but two cases developed peritonitis.

On Follow-up study the most important gynaecological complaint was menstrual disturbances in 25 per cent of cases. Other common complaints were backache in 25 per cent leucorrhoea in 18 per cent and pain in lower abdomen in 20 per cent of cases.

Obesity was the complaint of 1 per cent cases.

Sexual disturbances like decreased sexual desire and dyspareunia were present in 14.1 per cent of cases.

Failure rate in the present study was nil.

Clinical findings on follow up study

showed tubo-ovarian mass in 2 per cent, thickening and tenderness in fornices in 5 per cent of cases.

Erosion of cervix and chronic cervicitis was the commonest clinical finding in 22 per cent of cases.

Mortality rate in the present study was 0.18 per cent.

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