

## COMPLICATIONS OF MEDICAL TERMINATION OF PREGNANCY

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A large number of cases are coming to the hospital daily for Medical Termination of Pregnancy (M.T.P.) which are being done for different indications. Though it is thought to be a minor procedure, sometimes grave complications are met with.

One thousand, seven hundred and seventy cases of M.T.P. were studied which were done in J.L.N. Hospital, Ajmer for morbidity and mortality.

In 65.87% cases the indication for termination was trauma to mental health of the women, failure of contraceptive method in 20.84%, rape in 8.47% and rest for other medical and eugenic causes.

Out of these 1770 cases of M.T.P., 74.57% were urban and 25.42% were rural. 58.19% were literate and 41.80% were illiterate. 39.66% cases came from high, 34.91% from low and 25.42% from the middle socioeconomical group.

90.39% were married while among 9.59% 7.34% were unmarried and 2.25% were widows. 68.97% the maximum, were from the age group of 21-40 years and minimum i.e. 2.93% were above 41 years. 92.03% were multiparas while 7.96% were primiparous women.

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It shows that termination of pregnancy is more popular in urban areas, but the people residing in the rural area are also coming for this family planning method, which shows its increasing popularity in villages also.

Termination was done upto 20th week of gestation period. The size of the uterus was taken as criterion and not the period of amenorrhoea, as sometimes the dates of last menstrual periods are mistaken, leading to discrepancy between the period of amenorrhoea and size of the uterus.

Pregnancy was terminated in 65.76% (1164) cases by vacuum aspiration 23.74% by dilatation and curettage, 5.19% by hysterotomy and 5.25% by saline induction.

Patients were hospitalized for a day or more as necessary. General Anaesthesia, spinal, or local anaesthesia was used depending upon the nature of operation, whether the termination was alone, or associated with sterilization. No premedication was given.

82.70 per cent cases accepted different methods of contraception while 17.28% refused. They were keen for M.T.P. alone, and refused sterilization.

Average time taken by V.A. was 3 to 8 minutes, 10 to 20 minutes for D & C and 30 minutes for hysterotomy. The average blood loss was 50 ml by V.A. and 75 ml by D & C. It was observed that the time

taken and blood loss were directly proportional to the duration of gestation and also on the skill of the operator.

The induction abortion interval (I-A) in saline induced cases was noted. There were two sets of cases. In (i) 20 units of syntocinon in 500 ml of 5% dextrose solution was started at the rate of 20 drops/minute after two hours of instillation and in (ii) 40 units of syntocinon in 500 ml of 5% dextrose was started at the same rate after 2 hours. It was found that the average induction delivery interval was less in the 2nd group of cases i.e. 18 hours while it was more in the first group, (24 hours).

Total complication rate was 4.2%. The main complications were uterine perforation in 0.62% cases, haemorrhage 0.33% (one case needed blood transfusion), laceration of cervix and muscle wall occurred in 0.27% and partial detachment of cervix in 0.05% cases. Tear of the posterior vaginal wall occurred in 0.11% and death in 2 cases 0.11%. Tingling sensation and epigastric pain was found during saline induction in 1 case 0.05%.

Repeat curettage and curettage after saline induction was required in 0.45% and 0.05% of cases respectively.

Out of 11 cases of uterine perforation, 3 recovered by the conservative management and 8 required repair. In 4 cases repair was done by the vaginal route by reflecting the bladder up because the rent was anteriorly near the isthmus. It was observed that the perforation caused by vacuum aspirator was irregular and extensive than that due to dilatation and curettage. One case had excessive haemorrhage and needed blood transfusion. Laceration of cervix and muscle wall occurred in 1 case during dilatation of

cervix, by volsellum grip, by dilator or by curette.

Detachment of cervix occurred in a primiparous patient where high doses (40 units in 5% GOW) of oxytocic were given after the instillation, and had prolonged induction abortion interval.

The instillation was stopped immediately in the cases where epigastric pain and tingling sensation occurred. Mortality was 0.11% (2 deaths). One due to shock and cardiac arrest, where the perforation could not be detected at the time of operation until suprapubic haematoma developed. During the operation she had cardiac arrest two times. In the second case cardiac arrest occurred, during termination and patient expired on the table. Both were first trimester abortion. These were more of anaesthetic hazard than the surgical.

Late complications which were found on follow-up were, dysfunctional uterine bleeding in 1.69%, sepsis 0.22%, Tubo-ovarian mass 0.11%, placental polyp 0.05%, pelvic inflammation 0.05%, schizophrenia 0.05%, Ovarian abscess in 0.05%.

The complication rate in the first and second trimesters was 0.36% and 3.84% respectively. The major complication rate in first trimester being 0.92% (Jane, 1974). The complication rate is directly proportional to induction abortion interval.

Usual first trimester complications are haemorrhage, infection, perforation of uterus, shock, peritonitis, sepsis and pulmonary infarction: main being the perforation of uterus i.e. 0.62% in this series. No case of sepsis, peritonitis and pulmonary infarction was seen.

In second trimester we faced, the common complications i.e. haemorrhage and retained placental pieces. The other com-

plications like, hypernatremia, amniotic fluid embolism, pulmonary oedema, cardiovascular shock, coagulopathies, septic shock and anuria (Morton A. Schiffer, 1973) were not seen, in present study.

*Inference*

1. Proper screening of the case should be done before taking her for medical termination of pregnancy.
2. Better results occurs with vacuum aspirator with less time consumption.
3. The efficiency of the doctor, with the use of proper anaesthesia and antibiotics reduces the complications due to avoidable factors.
4. If the perforation occurs with vacuum it is irregular and extensive. Early detection and immediate treatment is important.

5. Morbidity is increased when it is done with sterilization as it adds to the complication.

6. Lower segment hysterotomy is a safe procedure but it should be done in asociation with sterilization.

7. Medical termination of pregnancy should be done in the hospital where the facilities for blood and major operations are available. So that if any untoward effect occurs, can be managed properly at the right time.

*References*

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