

# THE FIRST YEAR OF CLINICAL EXPERIENCE WITH MENSTRUAL REGULATION

by

SHARMILA KARNA,\* M.S.

## Introduction

Menstrual regulation is vacuum aspiration of uterine contents in a subject who is within 14 days of the expected onset of menstrual period to insure that she does not remain pregnant. It has been reported to be relatively safe and effective procedure by Brenner *et al* (1973), Pachuri *et al* (1975), Devi (1976), Mullick *et al* (1975). This study was undertaken to evaluate the efficacy and safety of M.R. when performed on out patient basis without anaesthesia and analgesia or cervical dilatation in our hospital.

## Method and Material

Two hundred and fifty subjects were taken for study from Family Planning O.P.D. of J.L.N. Hospital, Ajmer, from May 1978 to May 1979. None of the subjects had any unknown significant pre-existing medical condition.

The woman was placed in lithotomy position after emptying her bladder. Anaesthesia or premedication was not used. Under aseptic care, vaginal examination was performed. Sim's speculum was introduced and anterior lip of cervix was held with vulcellum. Uterine sound was passed. Flexible plastic canula 6 mm cold sterilised by dettol solution was introduced inside the uterus and was connected with 50 cc plastic vacuum syringe,

vacuum was created by withdrawing the piston. The end point of suction was taken when (a) no further material was found coming out and (b) gritty sensation felt. Sucked out material was sent for histopathology in every case. Cervical dilatation was not required in any.

The woman was sent home 15 minutes after the procedure and was called for followup after 7 days and than monthly for 3 months.

## Results

M. R. was acceptable to all range of socioeconomic groups 90% were Hindus. Age varied from 16 to 40 years; 50% were in age 25 to 30 years. 50% were primiparas and only 1% were nulliparas. Duration of amenorrhoea ranged from 31 to 45 days, 80% had amenorrhoea more than 35 days. Mean time taken in procedure was 4 minutes. Histopathologically pregnancy was confirmed in 56% (Table I)

TABLE I  
Histopathology

S. No.	H.P.R.	No. of cases	Percentage
1.	Pregnancy	140	56
2.	Proliferative phase	40	16
3.	Secretory phase	50	20
4.	Nothing obtained	20	8

\*Reader in Obstetrics and Gynaecology, J.L.N. Medical College and Hospital, Ajmer.  
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16% after M.R. were not willing for any contraceptive method, while in 72.1% Cu-T was inserted (Table II).

TABLE II  
Contraceptive Method

S. No.	Method	No. of cases	Percentage
1.	None	40	16
2.	Cu-T	180	72
3.	Oral pill	10	4
4.	Condom	20	8

Pregnancy continue in 5 women, failure rate being 2%. All underwent vacuum aspiration under general anaesthesia. Blood loss varied from 5 ml to 35 ml, averaged being 15 ml. It was more in-cases where histopathology showed evidence of pregnancy.

2% had vasovagal attack, 2% had vomiting and 4% complained of pain in the abdomen immediately after the procedure (Table III).

TABLE III  
Complication

S. No.	Complication	No. of cases	Percentage
1.	Pregnancy continued	5	2
2.	Syncopal attack	5	2
3.	Vomiting	5	2
4.	Pain	10	4
5.	Incomplete abortion	1	0.4
6.	Peritonitis	1	0.4
7.	Prolonged bleeding not required D & C	10	4

On 7th day followup one patient developed peritonitis (0.4%) which responded to conservative therapy, while 0.4% required evacuation on account of incomplete abortion. In 4% cases bleeding persisted for more than 7 days.

### Discussion

M.R. is very effective and safe in terminating early pregnancy. Incidence of continuation of pregnancy was 2% in the present study which is similar to those reported by Landesman *et al* (1974) 2%, Devi (1976) 1.2%, Das (1977) 1.5%, Mullick and Dawn (1975) 1.8%.

Incomplete evacuation needing curettage occurred in 0.4% in present study, while .8% in Rajan and Kaimal (1977) 1.5% in Dass (1977) 1.3% Kantikar *et al* (1974).

Complication rate following M.R. was 4.8% in present study while 3.6 Mullick (1975), 1.6% Ranjan *et al* (1977) 4% Kantikar and Walveker (1975).

Pregnancy was confirmed in 56% in our series as compared to 50%. Kantikar (1975), 74.6% Devi (1976) and 43% Mullick (1975). In those who proved not to be pregnant, MR brought psychological relief. Beside majority of them accepted contraception following this procedure which was considered an advantage even perhaps after unnecessary operative procedure. As this procedure does not require any electricity and is safe and simple it can be utilised even in rural areas where rate of criminal abortion is still high.

### Summary

In 250 subjects, menstrual regulation was done, it is safe effective procedure for termination of pregnancy within 42 days failure rate being 2%.

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