A STUDY OF 1000 CASES OF TUBECTOMY

by

PARAMJIT K. SANDHU,* M.D.

NIRMAL GULATI,** M.D.

SONIA BHATARA,*** M.D., D.G.O.

USHA VERMA,**** M.D.

and

SUSHILA RATHEE,***** M.D.

Increasing awareness on the part of the public that permanent methods for family limitation are available and they can be spared of cumbersome methods which have got to be used repeatedly, it is the responsibility of the surgeon to assess whether sterilization would be safe, suitable and psychologically acceptable to the individual in the long run. He would have to select his cases for the procedure-vaginal or abdominal, postpartum or interval phase and the type of operation carefully so as minimise the complications in the immediate postoperative phase and late unpleasant sequelae.

Material and Methods

One thousand cases were selected at random out of a total of 5000 tubectomies done at Medical College Hospital, Rohtak (Haryana) over a 7 year period from 1971 to 1977. Indication for the procedure in 88.4% of cases was multiparity, in 9.7% being repeat Caesarean section (Table I).

TABLE I

Indications for Tubectomy

Indication	No. of cases	Percentage
Multiparity	884	88.4
Repeat C. Section	97	9.7
Rupture uterus	7	0.7
Failed vasectomy	3	0.3
Medical disorder	9	0.9
Total:	1000	100.0

The age of the patients ranged from 18 to 41 years, mean being 32 years and maximum number of cases (35.4%) were between 26 to 30 years. Parity ranged from 0 to 14 mean parity being 4.83 and maximum number of patients were para 4. Only primigravida was unmarried girl with schizophrenia, where abdominal hysterotomy and tubectomy was done.

Abdominal sterilization was done in 816 patients and 184 had vaginal tubectomy. Abdominal sterilization was done at the time of caeserean section or with repair of rupture uterus (Group I), in puerperium, after delivery at home or hospital (Group II), with medical termination of pregnancy (Group III) or during interval period (Group IV).

Vaginal tubectomy was done along with repair operation for uterovaginal prolapse, cystocele or rectocele or polypec-

*Lecturer

**Reader

***Registrar

****Professor and Head of the Department

*****Professor, Department of Obstetrics and Gynaecology, Medical College Hospital, Rohtak (Haryana).