"PSYCHOLOGICAL CRISIS" FOLLOWING M.T.P. AND TUBAL LIGATION

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Introduction

Presently Medical Termination of Pregnancy (M.T.P.) and tubal ligations are being done in all the hospitals of India. Psychological complications which develop following these procedures are gradually drawing attention of both psychiatrists and gynaecologists. In the various reports of different workers late psychological complications are being mainly discussed as a sequealae to M.T.P. and tubal ligation. Here, we are presenting 1 case who developed severe psychological complications of anxiety and guilt feeling quickly (4 hours after operation) after medical termination of pregnancy and abdominal tubal ligation operation, which is rarely encountered in patients who do not have any psychiatric illness before the operation and who come willingly for these procedures.

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CASE REPORT

Mrs. K. Devi, 30 years, P 4+0 was admitted in the Department of Obstetrics and Gynaecology of the General Hospital attached to the Regional Medical College, Imphal on 15-10-1979 for M.T.P. and abdominal tubal ligation.

She was having no gynaecological complaints and her desire for undergoing M.T.P. and tubal ligation was that she did not like to have any more conception as she was already facing financial difficulties. Her past menstrual cycles were normal and she had been having amenorrhoea for 2 months. She had no history of any Psychiatric illness before.

She has 3 male children and 1 female child and her last child birth was 4 years back.

Family History

Joint orthodox, religious family consisting of father-in-law, brother of the husband and her own members.

On General Examination: Nothing abnormal could be detected.

Size of the Uterus: 10 weeks.

She underwent evacuation by vaccum suction and tubes were ligated per abdomen by Pomeroy's Technique under spinal anaesthesia. Just after completion of the stitching of the abdomen (while she was on the operation table) patient regretted for undergoing M.T.P. When she was brought out from the opeation theatre she was fully concious and talking to the husband and other family members quite relevantly. Patient was complaining of headache, nausea, burning

sensation in the abdomen (not in the incision part but in upper abdomen).

After about 45 minutes of these complaints symptoms changed to irrelevancy in talk and slight restlessness. After 4 hours of coming out of O.T. patient started shouting, talking irrelevantly, trying to get up lasted for about 2½ hours but thrashing of limbs, rolling, not responding to questions continued further.

When examined again after two hours patient was restless, trying to roll from side to side but held down physically. In the process she hurt herself and there were raw bruises over the elbows. Eyes were closed, did not respond to questions, making some odd gestures, responded to painful stimulus. Much psychological contact was not possible.

Patient was treated with high doses of long acting injectable neuroleptics for 36 hours till she became conscious and co-operative. After that dose was reduced and oral therapy instituted with the progress. During this period Ryle's tube feeding was given to maintain nutrition and electrolyte balance. As soon as patient became co-operative, Psychotherapy sessions both individual and group (including husband) were started.

Discussion

It is not easy to evaluate the mode of reaction of a woman to medical termination of pregnancy and tubal ligation. The possible factors for the development of the acute psychological crisis in this patient are:

1. *Guilt feeling concerning M.T.P.*

Though the patient was motivated and she herself desired the M.T.P. and tubal ligation on socio-emonomic background, she developed extreme guilt feeling about the termination of the pregnancy. Just after completion of the operation patient repented. She developed guilt feeling about the termination of a human life with her own consent.

2. *Fear of loss of womanhood and thus sense of security being threatened*

Being illiterate and brought up in a orthodox family, paient lacked sexual knowledge. She feared that womanhood meant ability to bear children. Tubal ligation meant loss of womanhood. Patient is the second wife of the husband whose first wife was divorced for childlessness. Thus patient equated womanhood to childbearing capacity in her subconscious mind.

Even though patient was prepared for M.T.P. and tubal ligation she was unable to accept the loss of womanhood i.e. the child bearing-capacity in her sub-conscious mind for fear of rejection (Psychological) from her husband and other family members.

3. *Unheality motive towards family planning*

Overall reaction of the family to any type of family planning methods is that of negation. Father-in-law who is head of the family is deadly against any type of contraception. In fact patient and husband did not tell other family members about the ligation and M.T.P. When the family members came to know from the doctor about M.T.P. and ligation they were surprised. This also contributed towards guilt feeling in the patient.

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