

MID TRIMESTER PREGNANCY TERMINATION BY PLAIN RUBBER CATHETER

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Introduction

Termination of pregnancy in mid trimester involves high risk, with gradual expansion of MTP services through duly approved doctors, institutions and wide publicity of available facilities within the legal frame work it is found that the number of cases seeking termination of pregnancy from 16-20 weeks has decreased from 13.38% in 1975-76 to 9.85% in 1977-78.

During the first trimester the vacuum aspiration of uterus is the simplest and safest method but after 12 weeks this method becomes progressively dangerous. Quite a number of them are unmarried primigravidas in 2nd trimester of pregnancy for whom a safe and successful method without any abdominal scar either on uterus or abdomen becomes essential. The aim of present study is to

find a effective, safe and successful method of second trimester abortion.

Material and Method

Method used in present series of 350 cases of 2nd trimester abortions was extra-amniotic plain rubber catheter.

The cases were collected from Kamla Nehru Hospital and Nehru Hospital. A Complete history was taken and general examination, systemic, abdominal examination and vaginal examinations were done.

Total and differential leucocyte count, HB% and complete urine examination were done in every case.

Part was prepared and draped. Cervix was visualised with help of speculum and anterior lip was held with volsellum forcep. Plain autoclaved rubber catheter No. 14-16 gauge was inserted into the uterus from external os. Only 3" of the catheter as outside the external Os, rest of it was inserted into the uterus, packing of vagina was done by gauze so that catheter would not come out. If catheter was out during micturition or defaecation another antoclaved catheter was reinserted. If blood came out catheter was taken out and again reinserted.

Broad spectrum antibiotic was given to every patient (Tetracyclin 250 mg Q.I.O. x 7 days.

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The method said to be successful when patient aborted within 72 hours of insertion. Cases were considered to be failures when either recatheterization was done or when internal os was closed after 72 hours, dilatation and evacuation was done.

Time of abortion was recorded and products of conception were examined to know whether it was complete or incomplete. When placenta was retained manual evacuation was done.

If within 72 hours patient did not abort, vaginal examination was done to find out whether the os was open. Syntocinon drip 10 units in 5% glucose was given when os was open.

Observation

Three hundred and fifty cases were taken in present series. The patients belong to age group from 18 years to 48 years. The maximum number of cases belonged to 20-30 years.

Out of 350 cases 21.0% were primipara and 79.0% were multipara.

Out of 350 cases, 285 (81.42%) aborted completely, 60 (17.14%) had incomplete abortion and 5 (1.42%) did not abort two hundred and sixty (74.28%) aborted without any aid and 85 (24.28%) aborted with oxytocin. Oxytocin was started 10 units in 5% dextrose and the dose was increased upto 40 units if contraction did not start within one hour. Out of 5 cases in which os was closed upto 72 hours, 3 cases had started leaking, the size of uterus was reduced to 14 week so dilatation and suction evacuation was done. The remaining 2 cases gave consent for tubectomy and hysterotomy and tubal ligation was done.

Table I shows induction abortion interval. It was seen that mean induction

TABLE I
Induction Abortion Interval in Mid-trimester Abortion

| Period of gestation | Mean abortion interval plain rubber cathetic in hours |
|---------------------|---|
| 14 weeks | 70.3 |
| 16 weeks | 50.3 |
| 18 weeks | 48.3 |
| 20 weeks & more | 36.1 |

abortion interval was inversely proportional to the period of gestation. It was less in 18-20 weeks and above than 14-16 weeks. The mean induction abortion interval ranged from 70.3 hours to 36.1 hours.

Table II shows various complications in the present series. Out of 350 cases, 30

TABLE II
Complications

| Complications | No. of cases | Percentage |
|-------------------------|--------------|------------|
| Retained products | 14 | 4.0 |
| Haemorrhage | 3 | 0.8 |
| Pyrexia | 10 | 2.85 |
| Infection | 3 | 0.8 |
| Posterior cervical tear | Nil | Nil |
| Death | Nil | Nil |
| Total | 30 | 8.57 |

cases showed postoperative morbidity. Fourteen cases (4.0%) had retained products, 3 had haemorrhage (0.08%) which was moderate in quantity. Ten (2.85%) had pyrexia and 3 (0.8%) had infection.

Discussion

Dawn 1974 has stated that Medical termination in early pregnancy is safest

procedure and three to four times safer than second trimester termination. But, with liberalization of abortion law in India, mid-trimester pregnancies are also being terminated safely. Out of 350 cases success rate was 98.58% and failure rate was 1.42% (5 cases) whereas Sarin and Sood 1980 reported failure rate of 18.2%.

There was no serious side effect in any of the cases. Complications were more where the induction abortion interval was more than 72 hours and in multi-gravida. According to Stim (1972) complications increased with advance in age and parity. In our series, no death occurred whereas death following intra-amniotic hypertonic saline injection have been reported by many authors (Wagatsuma, 1965; Cameron and Dayan, 1966; Pathak, 1968; Mistry and Muzumdar, 1977; Tamaskar and Deshpande, 1978 and Deshmukh *et al*, 1980).

Summary

Three hundred and fifty cases of 2nd trimester abortion were collected from out patient department of Obst. & Gynaecology. Plain rubber catheter was inserted extra-amniotically in all the patients. 81.42% (285 cases) aborted completely, 17.14% (60 cases) had incomplete abor-

tion. Failure rate was 1.42% (5 cases). Seventy-four 28% (260) aborted without any aid and 24.28% (85) aborted with Oxytocin. The mean induction abortion interval was inversely proportional to period of gestation which ranged between 36.1 hours to 70.3 hours. Profuse haemorrhage was not seen in any of the cases. Common complications like moderate haemorrhage pyrexia and infection was seen in a few cases, intermmittent haemorrhage of prolonged duration was due to retained products.

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