A 15 YEAR SURVEY OF DESTRUCTIVE OPERATIONS AT KAMALA NEHRU MEMORIAL HOSPITAL, ALLAHABAD

by

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Destructive operations are done with great reluctance and dislike by practising Obstetricians. However, much as one may dislike these procedures, they are done to avoid caesarian section, specially when the foetus is long since dead.

The incidence of destructive operations in India are relatively high because of a large number of unbooked patients who constitute the bulk of Obstetric cases in a hospital.

Material and Methods

An analysis of the records at Kamala Nehru Memorial Hospital, Allahabad from 1955-1980 except 1976 was done.

The data was analysed according to the number of cases, incidence, the type of operation done and the maternal mortality percentage in a year. The indications for these procedures have been analysed.

Observations

During this 15 year period, 180 destructive operations were done, while 63620 deliveries were conducted at this hospital. Thus the average incidence was 2.83/1000 deliveries. The range of incidence varied from 0.08 to 7.8/1000 deliveries.

The maternal mortality rate varied from 0 to 15% with an average of 3.15%.

Table I shows the yearly number of cases and the type of operations done. The procedures done were mainly craniotomy (83.64%) and embryotomy (10.74%). Other miscellaneous operations included decapitation in 3 cases, clediotomy in 12 cases and perforation of skull in 2 cases. In most cases clediotomy was combined either with craniotomy or embryotomy.

There was only 1 booked case in whom destructive operation was done (0.56%). All other cases were emergency cases who came late in labour (99.44%). The incidence of destructive operations decreased during the last 5 years. Coincidentally, the number of booked cases for delivery at this hospital have also increased to 50% during the same period.

Table II shows the indications of these operations. Cephalopelvic disproportion and obstruction of the aftercoming head were the two most frequent cause of obstructed labour leading to these destructive operations (31.11%). The number of cases of cephalopelvic disproporation were abnormally high during 1965 and 1968. If the cases of these two years are

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TABLE I

Distribution and Breakup of Cases, the Incidence rate and the Maternal Mortality Percentage

Year	No. of cases	Craniotomy		Embryotomy		Other Proc.		Maternal mortality %	Incidence/ 1000
		No.	%	No.	%	No.	%		
1965	23	23	100.0	—	—	—	—	—	7.8
1966	12	12	100.0	—	—	—	—	15	4.0
1967	15	11	73.33	5	33.33	1	6.67	—	4.8
1968	16	15	93.75	1	6.25	4	25.0	6	5.0
1969	13	13	100.0	1	7.69	1	7.69	—	3.4
1970	19	13	68.42	3	15.79	3	15.79	10	5.6
1971	15	15	100.0	3	20.0	1	6.67	—	3.4
1972	11	11	100.0	1	9.09	—	—	9.9	2.3
1973	10	10	100.0	1	10.0	—	—	—	1.0
1974	16	15	93.75	1	6.25	—	—	6.4	3.6
1975	11	7	63.64	3	27.27	3	27.27	—	2.4
1977	3	2	66.67	—	—	1	33.33	—	0.08
1978	5	1	20.0	—	—	4	80.0	—	0.10
1979	7	7	100.0	—	—	1	14.29	—	1.52
1980	4	3	75.0	1	25.0	—	—	—	0.10

The percentage is more than 100% in some years as more than one destructive procedure has been done in a single case.

TABLE II

Indications of the Destructive Procedures

Year	C.P.D. cases		Abnormal Presentation		Hydrocephalus cases		Obstruction of aftercoming head	
	No.	%	No.	%	No.	%	No.	%
1965	16	69.57	2	8.70	2	8.70	3	13.04
1966	4	33.33	6	50.0	1	8.33	1	8.33
1967	—	—	7	46.67	6	40.0	2	13.33
1968	11	68.75	1	6.25	2	12.5	2	12.5
1969	3	23.08	2	15.38	3	23.08	5	38.46
1970	3	15.79	8	42.1	5	26.32	3	15.79
1971	5	33.33	—	—	6	40.0	4	26.67
1972	3	27.27	1	9.09	4	36.36	3	27.27
1973	2	20.0	1	10.0	6	60.0	1	10.0
1974	3	18.75	1	6.25	9	56.75	3	18.75
1975	2	18.18	3	27.27	5	45.45	1	9.09
1977	1	33.33	1	33.33	1	33.33	—	—
1978	—	—	4	80.0	1	20.0	—	—
1979	3	42.86	4	57.14	1	14.29	—	—
1980	—	—	1	25.0	2	50.0	1	25.0

C.P.D. Cephalo-pelvic disproportion.

excluded then the percentage drops to 16.11%.

Abnormal presentation like brow presentation, impacted shoulder presentation and compound presentation were together responsible for 23.33%.

Hydrocephalus was responsible for 30% of the total destructive operation done.

Discussion

In western countries, this operation is reserved for foetus with abnormalities or very rarely in patients who have passed unrecognised in obstructed labour (Dewhurst, 1976). In our country, all these cases come late with obstructed labour, because majority of them are unbooked emergency cases (Upadhaya, 1975, Goswami *et al* 1981). In the present study, 99.44% cases were unbooked emergency cases and almost all had come with obstructed labour.

An average incidence of 2.83/1000 deliveries or 0.283% is similar to that reported by Goswami *et al* (1981) because in both the studies the number of unbooked cases predominate. However, the incidence dropped to 0.084% in the last 5 years when the number of booked cases rose to approximately 50%. This decreasing pattern agrees with the statements of Dewhurst (1976) and Moir (1956).

Craniotomy was the most common operation done (83.64%) followed by embryotomy in 10.74%. A nearly similar percentage has been reported by Goswami *et al* (1981).

Abnormal presentation i.e. shoulder presentation, brow presentation and compound presentation constitute 23.33% of cause of destructive operation. In the study of Goswami *et al* (1981) it is higher (46%). Cephalopelvic disproportion and obstruction of the aftercoming head are a major cause of the destructive operations (31.11%) as compared to 5.33% and 1.33% resprctively in the study of Goswami *et al* (1981). This difference cannot be explained in the absence of data from other centres.

Summary

This 15 year survey includes 180 destructive operations done during 1965-1980.

The incidence varied from 0.08-7.8/1000 deliveries with an average of 2.83/1000 deliveries. The incidence however showed a declining trend in the last 5 years.

The average maternal mortality rate was 3.15%.

Craniotomy (83.64%) and Embryotomy (10.74%) were the two main procedures.

Cephalo-pelvic disproportion and obstruction of the aftercoming head (31.11% each) were the most frequent indication for these destructive procedures.

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