WOODS TECHNIQUE OF TUBAL STERILIZATION (MICROSURGICAL METHOD)

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SUMMARY

Tubal ligation by Woods technique was performed in 35 patients at Government Medical College and Hospital, Nagpur from January 1980 to December 1980.

This procedure is atraumatic midampullary sterilization which involves division of the ampullary portion of the tube, ligation of the cut ends with absorbable suture and burial of the medial stump in the two layers of the broad ligament. The lateral end overrides the medical end for approx 1 cm. at the end of the procedure.

In the world more than 60 million women rely on voluntary sterilisation to control their fertility. There is also a gradual increase in the potential demand for its reversal when unforeseen events such as the death of the child or taking a new spouse make people change their minds. Only a small proportion of sterilized women may want reversal but, for these few the technique of microsurgery both for tubal sterilization and its reversal offer a great hope of good results.

Wood technique, a microsurgical technique of tubal sterilization was first reported by Wood (Australia) in 1973. It includes ligation division and burial of the fallopian tubes. It requires above average skill and is potentially reversible.

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Material and Methods

Young women below the age of 25 years with 2 or 3 children where the age of the eldest is below 5 years and the couple voluntarily insisted for sterilization. All cases were operated in the immediate puerperium from 3rd to 15th day of delivery.

Equipment: Magnifying operating spectacles.

Magnification used was 2.5 times.

Time Taken for Operation: 15 to 20 minutes.

Follow Up by H.S.G. showed good length of the patent medial part. Material used for ligating and suturing was atraumatic absorbable No. 4-0 or 5-0 chromatic, Catgut on curved round bodied needle 16 mm.

Results

These 35 cases were followed up for 2½

to 3 years. There was no case of failure of sterilization. No case has reported for reversal so far.

Discussion

Today probably only one fifth of all the woman who had tubectomy operations done by current proceedures have a few chance of its reversal. Reversal of the tubal sterilization is a difficult and costly operation and depends mainly on the condition of the tubes. Apparently 3 to 4 cms of tubal length with fimbrial end is essential for its normal function. So far Woods technique has been used in Australia. He reported no failuers, in 18 women who have been followed up for 2 years. Although he has not reported about reversal, the technique appears to be potentially reversible because there is no excision of the tube, minimal interference with its blood and never supply to the tube and it is performed at the ampulla which is widest portion of the tube. This procedure though highly effective requires above average skill and more operating time. But considering its potential for reversal this operative procedure is desirable in a selected group of patients where we have to do the tubectomy operation in a very young patient and having two or three children under the age of 5 years.

References

1. Population Report Series C. No. 7th May 1976.
2. Population Report Series C. No. 8th September 1980.
3. Wood, C.: (Tubal ligation personal communication to J. Watman; March 20th 1976 I.P.).