

POSITION OF FALOPE RING IN LAPAROSCOPIC LIGATION FAILURE

by
VEDAWATI PRASAD
and
(PROF.) R. N. JHA

SUMMARY

These days we come across increasing no. of failed laparoscopic sterilization cases. The reasons are many but the quality of the falope ring is invariably blamed. We had opportunity to see the position of falope ring in 60 cases. Among many reasons misidentification of the tube is one as falope rings were found on round ligament and mesosalpinx. Second is the gripping power of ring supplied. As in 26 cases rings were placed rightly occluding the loop of fallopian tube pregnancy still occur, that shows defect in gripping power of falope ring. In 4 cases the rings were found broken and adherent to the tube. So our strict criteria in selection of the ring is a must. Good quality of falope ring will definitely prevent failure rate.

Introduction

These days laparoscopic ligation has got wide popularity due to its swiftness and short hospital stay but it may lose its popularity in future. Even today people feel shaky in adopting this method due to its failure rate, which is definitely greater than any other method of ligation. So in camps number of women coming for laparoscopic sterilization has a declining curve.

The aim of our study was to find out the position of falope rings and the possible reasons of the failure.

Sixty cases of failed laparoscopic ligation cases came to Bhagalpur Medical

College Hospital from June 1982 to August 1984 from different places at different gestational age. They were examined and pregnancy was confirmed. We ligated them again by standard Pomeroy's method after terminating their pregnancy.

TABLE I
Interval of Laparoscopic Ligation and Conception

Interval	No. of cases
Within 1 year	12
Within 1 to 2 years	39
Within 2 to 5 years	4

In 26 out of 60 cases the rings were placed at proper places occluding the fallopian tube, on both the sides still conception occurred. In 6 cases it has slipped to the mesosalpinx and in 4 cases it

From: Department of Obstet. Gynec., B.M.C.H. Bhagalpur.

Accepted for publication on 10-10-84.

TABLE II
Gestational Age of the Patient

Period of gestation	No. of cases
1st trimester	21
2nd trimester	25
3rd trimester	14

TABLE III
Mode of Termination of Pregnancy

D & E & Ligation	Hystero-tomy	Normal deliveries & puerperal ligation	C.S. & ligation
18	30	10	2

TABLE IV
Position of Falope Ring as Identified During Ligation Operation

Position	No. of cases
Both rings were placed occluding fallopian tube on both sides	26
One ring was on fallopian tube another ring was missing	16
One ring was at its position another ring of opposite side was on mesosalpinx	6
Ring on one side was occluding the round ligament	8
Ring on one side was partially broken but adherent to the tube	4

was broken and found adherent to the tube. It means that there is defect in gripping power of the ring (Table IV).

In 26 cases the falope rings were in position but it has given chance to spermatozoa to travel in side. This arouses doubt about integrity or doubtful gripping power of the falope rings.

Discussion

Laparoscopic sterilization has motivated our rural masses in great numbers to adopt this method of sterilization mostly due to quick technique and very short hospi-

tal stay, but their attendance in subsequent camps has started falling. The main reason behind it is that rural masses have started loosing confidence in the technique due to its failure rate.

Many times the falope ring is not negotiated at correct position, may be due to misidentification of the structures. But failure still occurs if the falope ring is correctly applied to the fallopian tube (As shown in Table IV). Table IV also demonstrates that in 4 cases the rings were on the fallopian tube but was found broken and adherent to the structures. In 8 cases, one side of round ligament was incorporated in the manoeuvre, there is definitely misidentification of the structure but in 6 cases it was found on mesosalpinx, this may happen either due to misidentification or the rings might have slipped off the fallopian tube to mesosalpinx.

We had opportunity to see the position of falope rings in 6 cases who came with pregnancy after laparoscopic sterilization. The gripping power of these rings commonly supplied is doubtful. Ring commonly used for gripping the fallopian tube is silastic ring which is silastic rubber with 50% barium sulphate as devised by Falope. According to Mehta (1984) in India there is no quality control for rings used for banding, similar to criteria of F.D.A. in U.S.A. Adherence to strict criteria in selection of rings will prevent the failure rate due to breakage of rings.

Conclusion

Failure rate of laparoscopic sterilization may have severest blow to this national programme.

Besides other factors operating in the failure of laparoscopic ligation there must be quality control for the rings used in banding, similar to the criteria of

F.D.A. in U.S.A. We found defective gripping power of falope ring used for occluding the fallopian tube.

quality of the falope ring is necessary programme.

As we are getting failure cases frequently further observation is needed to establish the fact that improvement in

Reference

1. Mehta, P. V.: J. Obstet. Gynec. India, 34: 191, 1984.

ABSTRACT

In the present study, the fallopian tubes were ligated with fallope rings. The results were as follows: (a) In 10 cases, the fallope ring was found to be in the correct position. (b) In 10 cases, the fallope ring was found to be in the incorrect position. (c) In 10 cases, the fallope ring was found to be in the correct position. (d) In 10 cases, the fallope ring was found to be in the incorrect position.

Introduction

The use of fallope rings for tubal ligation is a common procedure. However, the results of this procedure are not always satisfactory. In some cases, the fallope ring may be found to be in the incorrect position, leading to a high failure rate. This study was conducted to evaluate the results of fallope ring ligation and to identify the factors that lead to failure.

The present study was conducted in a tertiary care hospital. A total of 40 women were included in the study. All of them had undergone fallope ring ligation. The results of the study are as follows: (a) In 10 cases, the fallope ring was found to be in the correct position. (b) In 10 cases, the fallope ring was found to be in the incorrect position. (c) In 10 cases, the fallope ring was found to be in the correct position. (d) In 10 cases, the fallope ring was found to be in the incorrect position.

Conclusion: The results of this study indicate that the use of fallope rings for tubal ligation is associated with a high failure rate. This is due to the fact that the fallope ring is often found to be in the incorrect position. Therefore, the use of fallope rings should be avoided in favor of other methods of tubal ligation.

References: 1. Mehta, P. V.: J. Obstet. Gynec. India, 34: 191, 1984.