

A STUDY OF LATE COMPLICATIONS AFTER TUBE LIGATION

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SUMMARY

Five hundred post-tubectomy women were followed up for medical, surgical, social and psychological complications after tube ligation. 56.8% cases gave one or more complaints and attributed them to the sterilisation operation. Most common complications were backache, generalised weakness, menstrual and gynaecological disorders. However, some complaints could not be even remotely linked with the procedure.

Introduction

Early marriage in Indian women results in early bearing of desired number of children and poor socio-economic status drives them to adopt a non-expensive, secure and permanent method like tube ligation to protect themselves for a good number of reproductive years. Does surgical sterilisation of females carry medical or surgical complications? Does it lead to social and psychological problems later on? With these questions in mind, this study was undertaken, since we have not come across any work of this kind in this part of the country.

Material and Methods

For this study, 500 post-tubectomy cases were taken. These included 220 cases who came for follow up at Govt. Hospital for

Women, Amritsar and 280 cases who were called for follow up at various centres in Amritsar District. These cases were meticulously observed for complications as detailed in Table II.

Observations

The present study of 500 patients consisted of interval tube ligation (184), post-partum tube ligation (85) and tube ligation alongwith evacuation (190), loop removal (15), hysterotomy (12) and caesarean section (14). The age range of patients was 20-45 years and parity ranged from 1 to 5 and more (Table I).

No complaint was made by 216 (43.2%) cases, whereas 284 (56.8%) gave one or more complaints. Backache was reported by 86 (17.2%) (Table II). Amongst generalised weakness the complaints were weakness (13.0%), giddiness (1.0%), vague pains all over the body (0.6%), breathlessness on exertion (0.6%), numbness of extremities (0.4%) and pain in legs (0.4%).

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TABLE I
Age and Parity of Patients

Age Group in Years	20-25	26-30	31-35	Above 35
Number of cases	73 (14.6)	136 (27.2)	219 (43.8)	72 (14.4)
Parity	2	3	4	5 & above
Number of cases	39 (7.8)	78 (15.6)	134 (26.8)	249 (49.8)

Figures within parenthesis indicate percentage of cases.

TABLE II
Late Complications After Tube Ligation

Complication	No. of cases	Percentage
Backache	86	17.2
Generalised weakness	80	16.0
Menstrual disorders	79	15.8
Gynaecological disorders	50	10.0
G.I. tract	27	5.4
Operation scar	17	3.4
Psychological	15	3.0
Sexual	5	1.0
Regret after operation	5	1.0
Failure	4	0.8
Miscellaneous	46	9.2

Menstrual disorders included menorrhagia (6.2%), scanty periods (3.8%), irregular periods (3.0%), dysmenorrhoea (1.0%), amenorrhoea (1.0%) and pre-menstrual tension (0.8%). Amongst gynaecological disorders discharge per vaginum was commonest (8.4%) followed by third degree prolapse (0.6%), pruritus vulvae (0.6%), cystocele (0.2%) and lump in abdomen (0.2%).

Gastrointestinal tract complications recorded were flatulence (2.2%), pain in epigastrium (2.0%), dyspepsia (0.4%), constipation (0.4%) and diarrhoea (0.4%).

Persistent itching over the scar was complained of by 17 (3.4%) cases. Painful keloid formation was recorded in one case after five months of tube ligation.

Psychological complaints included anxiety (1.0%), headache (0.8%), insomnia (0.6%), vertigo (0.4%) and decreased touch sensation (0.2%). Sexual complaints were recorded in 5 (1%). Dyspareunia was seen in

3 (0.6%) cases. Loss of libido was recorded in 2 (0.4%) cases.

Out of 500 cases, 231 (46.2%) were happy with the operation, whereas 264 (52.8%) were indifferent. Five (1.0%) cases regretted the operation, 2 by virtue of having lost their only male child; the third got remarried, the fourth had chronic ill health and fifth case had no male issue and tube ligation in her was done alongwith caesarean section.

Four (0.8%) definite cases of failure were recorded. They conceived within 5 months to one year after tube ligation. Miscellaneous complaints were pain in lower abdomen in 31 (6.2%), gain in weight in 12 (2.4%), loss of weight in 2 (0.4%) and palpitations in 1 (0.2%).

Discussion

Surgical sterilisation is more readily being accepted by Indian women (Purandare,

1969) and hence the importance of a systematic study of the late complications of tube ligation cannot be over emphasized. The incidence of menstrual disorders in the present series was 15.8% which is comparable to 15.17% reported by Anklesaria (1969) but higher as compared to 5% reported by Sarla (1959).

Failure rate (0.8%) in our series is more as compared to 0.1% reported by Coyaji (1964) and 0.43% by Adatia and Adatia (1966).

Sexual problems like dyspareunia have been recorded by Pandit (1961) in one percent, Bisney *et al* (1967) in 2% and Sikand *et al* (1968) in 13%, whereas in our study this was 0.6%. Loss of libido as reported in literature varies from 0.5 to 10%, viz. 0.5% by Bisney *et al* (1967), 1% by Coyaji (1964), 2.2% by Anklesaria (1969) and 10% by Adatia and Adatia (1966), whereas in our study this is 0.4%.

Psychological problems were seen in 3% patients. Anklesaria (1969) recorded irritability or depression in 2.77% of cases. Regret after operation (1%) in the present series is comparable to the figure given by Anklesaria (1969) as 1.29% and Adatia and Adatia (1966) as 1.2%. However, Coyaji (1964) and Ghatikar and Bhoopatkar (1966) have reported 3.0% and 3.4% patients who regretted after operation.

The incidence of gynaecological disorders (10%) appears quite high. Leucorrhoea (8.4%) in our series was complained of more often than 3.35% reported by Anklesaria (1969), identical (8.4%) with Bisney *et al* (1967) and less often than 18.24% recorded by Pandit (1961). Backache in this series was present in 17.2%. The incidence

in literature is recorded as 5.47% (Anklesaria, 1969) and 18.66% (Pandit, 1961).

Gain in weight was recorded in 2.4% in our study. This incidence has been reported as 0.82% (Anklesaria, 1969), 17.4% (Sarla, 1959). Loss of weight recorded as 0.4% in our series, has been reported to be 1.96% Anklesaria (1969) and 13.3% (Sikand *et al* 1968).

Diversities of these complaints and wide variations in the incidence as reported in different series makes one wonder at the variability of the working of psyche of the individuals as they are prone to attach any symptom or disease arising in them to tube ligation, though these complexes may not even touch the fringe of most imaginative post-operative complication span.

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