

# RECTUS WALL HAEMATOMA—UNUSUAL COMPLICATION OF LAPAROSCOPIC STERILIZATION

(A Case Report)

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## Introduction

Laparoscopic sterilization is most acceptable method of mass sterilization in rural areas of Bikaner District as it is considered very simple and safe procedure. This safety is questioned when we meet such life-threatening complication as reported here.

## Case Report

Mrs. C. 28 years, 4th para was admitted in emergency at 5 P.M. on 22-1-1985. She was brought from laparoscopic camp for exploratory laparotomy by Camp Surgeon. There was difficulty in creating pneumoperitoneum as well as in passing trocar intra-peritoneum and after 2 to 3 attempts it was put in by supra-umbilical incision. Camp surgeon found fresh blood filling the abdominal cavity and failed to identify the origin.

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Patient was cold clammy, perspiring and having air hunger. Her pulse was 140/minute low volume. B.P. was 90/60 mm Hg. Heart and lungs—N.A.D.

Abdomen was distended and tense. There was prominence in lower abdomen in midline and there was marked tenderness. Shifting dullness +. Bowel sounds were present.

Her Hb was 7 gm%. Urine for albumin and sugar nil. Ryles tube was put in and two units of blood was arranged. abdomen was opened by subumbilical midline incision in layers. There was haematoma in left rectus muscle. Bladder could not be seen. Abdominal cavity was filled with blood. Exploration failed to find injury to bowel mesentry, retroperitoneal space, uterus, tubes. The haematoma was evacuated and few stitches were applied for haemastasis and abdomen closed in layers.

B.P. fell to 69 mm of Hg on the table; two units of blood was given. 2 cc of mephentine was given.

Patient developed wound sepsis, required re-suturing and was discharged from Hospital on 26-2-1984.