INTERNAL PODALIC VERSION—REAPPRAISAL

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SUMMARY

Seventy patients of transverse lie were analysed. Out of these 12 (17.1%) had elective L.S.C.S. 8 (11.4%) were associated with central placenta praevia. Four patients (5.7%) were of 2nd twin where first twin had delivered at home. In two patients laparotomy was done for suspected rupture of uterus. In all 52 patients had internal Podalic version followed by breech delivery. One (1.9%) had rupture uterus detected after I.P.V. This risk is justifiable where facilities for immediate laparotomy are present considering the subsequent risk of rupture uterus if all patients have abdominal delivery for transverse lie and hand prolapse as the incision in uterus usually extends into the upper segment in such cases, healing is poor because of chances of infection.

Internal Podalic Version (IPV) is a procedure which has been unanimously condemned as a risky procedure in western literature Dewhurst and Williams) and the younger generation of obstetricians also view it with suspicion.

The present study is a retrospective analysis of this procedure carried out in patients admitted as emergency in Labour Room in Medical College Hospital, Rohtak, so as to assess its advantages and disadvantages.

Observations

(a) There were a total of 70 cases of transeverse lie out of 4000 total deliveries analysed giving an incidence of 1.4%.

(b) Out of these 70 patients, 12 were booked patients in which external cephalic version was either not indicated or had failed and they had elective LSCS.

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(c) Four patients of transverse lie and hand prolapse of 2nd twin came in emergency after delivery of 1st twin at home. In these IPV is easy and indicated.

(d) Eight (11.4%) unbooked patients came with transverse lie with major degree placenta praevia in which the FHS was absent and cervix more than half dilated. An internal podalic version and bringing down of the foot by going through the placenta was done.

(e) Forty six patients were admitted as unbooked emergencies with transverse lie with hand prolapse of 2 to 10 hours duration with or without cord prolapse with absent fetal heart. Out of these only 7 (15.0%) were primigravida and 39 (84.8%) were multiparous patients.

These patients were then assessed and if uterine contractions with relaxation in between was present then IPV and bringing down a foot/or breech extraction (if full dilatation was present) was done.

If uterus was tonically contracted or signs of rupture uterus were present the patient was taken up for laparotomy.

On this basis out of 46 patients only 2 had laparotomy as the initial procedure and 44 patients had internal podalic version followed by breech delivery. Uterus was routinely explored for any rent after the delivery of placenta. Only in one patient a rent was found and laparotomy with repair of the uterine rent was done. Rest 43 patients had an uneventful recovery and were discharged after 24 hours. So out of a total of 52 patients of IPV one had rupture uterus for which laparotomy was done and patient had an uneventful recovery.

By recommended standards (membranes should be recently ruptured, good relaxation in between contractions) these patients should have had laparotomy as the initial procedure. In these patients duration of rupture of membranes was 2-10 hours (with a mean of 4.6 hours). The relaxation in between contractions was not always good but under general anaesthesia with halothane for good relaxation of uterus, IPV was done. The hospital stay after this procedure was only one day (24 to 36 hours) whereas after laparotomy it was a minimum of 8 days. The morbidity also was much less than in the patients of laparotomy who had wound sepsis. In our country where follow up is not satisfactory it is beneficial to avoid an abdominal delivery as in next pregnancy patient may report only scar dehiscence or even rupture uterus.

Conclusion

Considering the decreased morbidity and lost effectiveness of this procedure its role should be reviewed. If it is done with full awareness and uterus is explored to detect any rupture, it proves to be a simple and effective method.

References

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