

AN EXPERIENCE OF MID-TRIMESTER M. T. P. WITH EXTRA-OVULAR CATHETER AND D & E

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SUMMARY

This study was concerned with termination of pregnancy during second trimester. The methods used were :

- (i) Extra-ovular Catheterization (EOC).
- (ii) Dilatation & Evacuation (D & E).

Cases were divided in following groups :

Group A : EOC was done on 100 cases during 13-20 weeks of pregnancy.

Group B : D & E was done on 100 cases during 13-15 weeks of pregnancy.

EOC was considered successful when abortion took place within 72 hours of Catheterization.

The success rate in this study was 93%. D & E could be carried-out successful in all the patients.

Considering the results obtained it appears that EOC and D & E are two very useful methods for termination of second trimester pregnancy. These methods are easy to carry-out very much effective with minimum complications.

Medical termination of pregnancy is commonly done in any Gynaecological Hospital. Dilatation and vacuum aspiration is a very safe & effective method for termination of pregnancy during first trimester. However, termination of pregnancy during second trimester poses a problem as no method had been found to be completely safe and effective till date.

MATERIALS AND METHODS

This study was undertaken to evaluate to the role of extra-ovular catheterization and D & E for termination of pregnancy during second trimester. Cases were selected after thorough clinical examination. Laboratory investigations carried out on each patient were blood for Hb%, TC, DLC, ESR, VDRL, ABO & Rh grouping and routine urine examination.

Cases were divided into the following groups : Group A : Extra-ovular catheterization was

done on 100 cases during 13-20 weeks of pregnancy.

Group B : Dilatation & evacuation was done on 100 cases during 13-15 weeks of pregnancy.

METHODS

In Group A, with all aseptic & antiseptic measures a No. 12 simple soft rubber catheter was pushed gently inside the uterine cavity through the cervix in between the bag of membranes and uterine wall. The entire length of the catheter except 1-2 cm at the lower end was introduced. In cases of pregnancies below 16 weeks only one catheter was used and above 16 weeks two such catheters joining upper end of the second to the lower end of the first were introduced into the uterine cavity. The procedure was carried out taking care of keeping the membranes intact. I. V. drip with syntocinon in plain dextrose 5-15 i.u. per bottle was started in case of absence of painful uterine contraction within the next 24 hours following extra-ovular catheterization. The method was considered successful when the abortion took place within 72 hours of catheterization.

In Group B, D & E was carried out under I. V. diazepam sedation & para-cervical blocks using 2% xylocaine. Dilatation was done upto 10-12 mm. Evacuation of uterus was done with small sponge holding forceps. As soon as the membranes were ruptured and liquor drained,

the size of uterus was considerably reduced and made the product to come down and facilitated easy removal with forceps. At the end of the procedure after and I. V. injection of 0.2 mg methergin, blunt curettage was performed. When the evacuation was complete every piece of tissue removed was thoroughly inspected. So as to ensure that no foetal & placental tissue were left behind inside the uterine cavity. Routine antimicrobials like co-trimoxazole or ampicillin and tetanus toxoid were used in all the cases of both the groups.

OBSERVATIONS

In our study the majority of cases were below 30 years of age and hailing from middle class families of rural areas and a good number of them were unmarried pregnant girls.

In Group A, 93% of cases aborted successfully.

Similar was the observation of Misra & Jha (1985).

Most of the abortions took place on the second day. (Table I)

Induction-abortion interval was found to be inversely proportional to parity & period of gestation. (Table II, III)

Similar observation was made by Lal & Prasad (1986).

The average induction-abortion interval was 40 ± 17 hours and the range was 12-72 hours. (Table IV).

Table I

Showing the number of abortions in relation to time of induction and duration of pregnancy in Group - A

Duration of pregnancy	Within 24 hours	24 to 48 hours	48 to 72 hours
13 to 16	4	14	13
17 to 20	19	25	18
Total	23	39	31

Table II

Showing the induction abortion interval in relation to parity in Group - A

Parity	Induction abortion interval in hours		
	Average	S. D.	Range
Primi	41	19	13 - 72
Multi	39	17	17 - 72

Table III

Showing the induction abortion interval in relation to duration of pregnancy in Group A

Gestation in week	Induction abortion interval in hours		
	Average	S. D.	Range
13 - 16	45	17	17 - 72
17 - 20	38	17	13 - 72

Table IV

Showing the induction abortion interval in the Group - A of the present series

Method	Induction abortion interval in hours		
	Average	S. D.	Range
Extra-ovular catheterization	40	17	12 - 72

In Group B, D & E could be performed successfully in all the cases.

In both the groups incidence of major complications was very low. (Table V)

CONCLUSION

Mechanical stimulation of the uterus with inert devices is a very old procedure to induce labour & abortion. Though it sounds primitive,

it deserves reconsideration as even the most modern methods which are in use have failed to provide satisfactory results. In fact, analysis of the results of EOC reveals, that it may be the best method available particularly for advanced mid-trimester M. T. P. The procedure is so safe that even the less experienced doctors working in remote health centres can be recommended its use. Lastly, this is the

Table V

Showing incidence of complication in Group - A and Group - B

Complications	Group - A		Group - B		Management
	No. of Cases	Percentage	No. of Cases	Percentage	
Rupture of membranes	1	1	0	0	D & E
Bleeding during catheterization	3	3	0	0	Withdrawal & recatheterization
Incomplete abortion	7	7	3	3	D & E
Cervical tear	1	1	6	6	Conservative
Nodilatation of cervix	2	2	1	1	D & E
Rupture / perforation of uterus	0	0	1	1	Conservative
Headache and vomiting	0	0	0	0	
Haemorrhage & Shock	0	0	0	0	
Pyrexia & Sepsis	10	10	1	1	Antibiotics
Peritonitis	0	0	0	0	
Amniotic fluid embolism	0	0	0	0	
Death	0	0	0	0	

only suitable method for the cases complicated by many medical disorders of pregnancy.

D & E during gray period deserves full consideration when instillation per abdomen is very difficult. It is important to note that the cervix can be more easily dilated as pregnancy advances and expulsion of products is not much difficult or dangerous if carried out

carefully. Like any other vaginal surgery the technique can be learned through proper training and "Experience".

REFERENCES

1. Lal R., Prasad S. R. : *J. Obstet. & Gynec. India* 84 : 321 : 1986.
2. Misra J., Jha R. : *J. Obstet. & Gynec. India* 35 : 643 : 1985.