

EVALUATION OF EARLY SECOND LOOK LAPAROSCOPY

SWARNALATHA RAJENDRAKUMAR ● KALAICHELVI ● PREMALATHA ● T. K. MOHANALAKSIMI

SUMMARY

In the microsurgical recanalisation unit early second look laparoscopy with chromopertubation and adhesiolysis was begun as a routine from January 1991 onwards.

A total of 85 cases from January 1991 to July 1992 had early second look laparoscopy. These have been analysed with regards to tubal patency and type and site of adhesions formation and results tabulated. We had 100% tubal patency on the table and 90.7% patency at early second look laparoscopy. Also we had 25.4% of adhesions formation and in this there was patency in 81.8%. In 11.8% adhesiolysis was done.

Our series of cases need a long time follow up to establish the benefits of early second look laparoscopy.

In the microsurgical recanalisation unit early second look laparoscopy with chromopertubation was begun as a routine from January 1991 onwards. During 1989 during reconstruction tubal recanalisation chromopertubation was done on the table as a terminal procedure and second look laparoscopy with chromopertubation was reported to only in those cases that had not conceived within one year. This was done to evaluate the patency of the tube.

More recently early postoperative

laparoscopy was done on the 13th post operative day i.e., the first theatre day after suture removal, to look for adhesions and patency and do adhesiolysis if necessary.

On laparoscopy the following were systematically evaluated -

- (1) the anastomotic site
- (2) presence of adhesions
- (3) type and site of adhesions
- (4) oedema of reconstructed tube and
- (5) patency. When the adhesions were filmy and avascular, lysis of adhesions was attempted.

Dept. of Obst. & Gyn., Kilapauk Medical College & Hospital, Madras.

Accepted for Publication on 20.10.1993.

From January 1991 to July 1992, 85 cases

had early post operative laparoscopy on the 13th postoperative day.

Although we had a 100% patency elicited by free spill of the dye on the table, in the second look laparoscopy there was evidence of tubal block in 8.3% of cases. This is probably due to fibrosis and stricture for-

mation during the healing process.

These 85 cases were further assessed for the patency of the tube depending on the site of reconstructive surgery. As the chart shows we have obtained 100% patency rate in isthmo-cornual anastomosis and cuff salpingostomy and about 90% in the others. Here too this discrepancy might be due to the healing process.

The type of adhesions were also noted and adhesiolysis was done only when the adhesions were filmy and avascular. Dense adhesions were not interfered with for fear of bleeding.

A total of 25.9% of cases had developed adhesions. In 11.8% of cases there were filmy adhesions between tubes and uterus.

Table I

Patency of tubes

Total No. of cases	Spill		No Spill	
	No.	%	No.	%
85	78	91.7	7	8.3

Table II

Type of anastomosis and patency of tubes

Type of anastomosis	No. of cases	Spill		No Spill	
		No.	%	No.	%
Isthmocornual	1	1	100	—	—
Isthmo-isthmic	12	11	91.6	1	8.4
Isthmo-ampullary	33	31	93.9	2	6.1
Ampullo-ampullary	34	30	88.2	4	11.8
Cuff salpingostomy	5	5	100	—	—
Total	85	78	91.7	7	8.3

Table III

Site of adhesions

Total No. of cases	Cases with adhesions		Site of adhesions							
			Omental		Anast. site		Tube to		P. O. D.	
			No.	%	No.	%	No.	%	No.	%
85	22	25.9	8	9.4	5	5.9	7	11.8	2	2.4

Table IV

Adhesions and patency

Total cases with adhesions	Patency		No Patency	
	No.	%	No.	%
22	18	81.8	4	8.2

and the same were released.

In 9.4% of cases, adhesions were minimal to round ligament, fundus of uterus and mesosalpinx. 5.9% of cases had adhesions at anastomotic site, and in 2.4% of cases there were adhesions in POD. These were not interfered with.

Among the 22 cases with adhesions, 18.2% of the tubes were patent. By releasing the tubes from uterus, kinked and patent tubes were straightened, hoping to improve the fertility outcomes.

In 85 cases of recanalisation, 8.3% had no spill on second look laparoscopy and 25.9% had adhesions on second look laparoscopy. Among the 25.9% of cases with adhesions, 8.2% had no spill. Presence of adhesions has no impact on the patency of tubes in this small series.

CONCLUSION

Trinbol-Remper and Van Hall (1983) have reported the first series of patients who underwent early postoperative laparoscopy and subsequently was reevaluated for adhesions reformation one year later. Early postoperative laparoscopy did not improve cumulative pregnancy rate but reduced the incidence of ectopic pregnancies implying a beneficial effect.

Our Centre is new and we have started doing routine second look laparoscopy only from January 1991. Our series hence needs a long time follow up to evaluate the benefits of second look laparoscopy.

We sincerely thank the Dean for having permitted use of the hospital records.

REFERENCES

1. Trimbol Remper C. C. M. and Van Hall E. V. : *Int. J. Fertil.* : 28 : 22 : 1983.