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EDITORIAL

CHRONIC SINUSES AFTER GYNAECOLOGICAL SURGERY

Chronic discharging sinuses persisting for months after obstetric or gynaecological surgery are uncommonly seen today but when they do occur they are the source of considerable distress to the patient and her relatives. They fear undiagnosed tuberculosis or malignancy, change numerous doctors and their medicines who may in addition try various procedures like cauterisation or scraping of the sinus without success.

If the sinuses follow abdominal surgery they open somewhere along the incision or drainage site, while following an obstetric procedure they open in the perineal region. If hysterectomy has been performed the sinus opens at the vaginal vault or the canal of the cervical stump. The subject is rarely discussed in the textbooks of gynaecological surgery and may get only a passing mention in the books of general surgery.

In spite of its baffling persistance the aetiopathology is fairly simple. They fall into two broad groups : The first is due to infection and its persistance around braided unabsorbable suture material, tape or mesh. The fine braids lodge the infecting organisms into which the macrophages cannot enter. The body then tries to remove it by forming an abcess around the foreign body and throw it out through the discharging sinus. If the infected foreign body is deeply embedded it may take several months or years before it is completely expelled out.

Purulent and hemorrhagic material would be discharged continuously from the abcess cavity until this is achieved.

The second group is the one in which a fine communication has developed with the intestinal tract. This will keep up the infection until the communication is completely removed. Since the foecal leak is not deeply embedded, the abcess and the sinus may heal, only to recur at the intervals of weeks or months. Obstetric trauma is the commonest cause of the second group. Rarely however, vaginal epithelial implantation cysts or endometriosis in the perineum may act as foreign body.

Local applications, cauterisations can only be of placebo value while scraping will succeed only if all the foreign bodies are removed. Clinical diagnosis may be difficult as even the modern imaging technology will not be of much help. The operation notes should always mention the type of suture material used, a strict requirement in some countries but rarely followed in India.

Today when synthetic absorbable suture material is available for surgery it is indeed questionable if non-absorbable suture material like linen, braided silk or braided nylon has a place in pelvic surgery ! Because of the proximity of the vaginal canal or rectum which can never be made totally aseptic most of the pelvic surgery including puerperal tubectomy operation cases should be considered as potentially infected ones.

The clinician must keep it in his mind while planning the surgery that incomplete surgery will never cure the patient. In sinuses at the vaginal vault or cervical stump the best plan is to excise the vault along with the abcess pockets by its sides along with the foreign bodies. The dissection will almost resemble the radical hysterectomy for carcinoma of the cervical stump or vaginal vault. The uterine artery stumps the sub-ureteral regions and the bladder must be carefully dissected free and the removed specimen will look like the proverbial Micky mouse with big ears, the abcess sacs on both sides full of embeded sutures. The abdominal wall sinuses must be traced to the suture either on the abdominal wall or the tubal stumps and the entire tract and tube should be removed. In cases of perineal sinus the sinus tract must be carefully traced to the communication to the anal canal or the rectum and removed along with any foreign body if present. It is best to keep the area open for the healing to occur from the floor. The perineal scars shrink to small size and rarely are problematic and this guarantees cure.

In summary although the gynecologist may consider the post-operative sinus nothing more than a nuisance its management can be a problem if improperly planned.

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