

ROLE OF PREOPERATIVE HYSTEROLAPAROSCOPY IN 260 CASES OF RECANALISATION

R. PREMALATHA • A. KALAICHELVI • SWARNALATHA RAJENDERKUMAR

SUMMARY

Over a period of 4 years, 260 patients have come with the request for recanalisation. Diagnostic hysteroscopy and laparoscopy were done in the premenstrual period as a routine.

The request for reversal of sterilisation is mainly from 21-30 years - about 84.7%. 24.6% of the patients were Para I and had sterilisation. 70% of the patients were Para II and came for recanalisation because of remarriage. 46.5% of women who came for reversal of sterilisation had no live child. Out of 260 patients 72.3% had sterilisation by Pomeroy's technique. 56.3% of cases had sterilisation site at the distal ampullary region. Proximal ampulla was found to be affected equally in all 3 types - P.S., minilaparotomy, Caesarean sterilisation or hysterotomy. By laparoscopic techniques 80.6% of cases had sterilisation site at isthmus region and 19.4% had at proximal ampulla. This accounts for the success rate of recanalisation following laparoscopic technique. Only 17.3% of cases had adhesions.

Adhesions were prominent in Pomeroy's technique in 88.8%. Hysteroscopy was done in 154 cases as a routine. We could find endometrial hyperplasia in majority of cases (i.e., 72.7%) found to be normal and 9.2% of cases had adhesions.

INTRODUCTION

At the Centre of Excellence of Kilpauk Medical College Hospital from 1989, over a period of 4 years, 260 patients have come with the request for recanalisation. All the

patients and their spouses were evaluated fully. Diagnostic hysteroscopy and laparoscopy were done in the premenstrual period preoperatively. Laparoscopy was done to find out the site of sterilisation, adhesions, tubal length and the status of fimbria. Hysteroscopy was done to inspect the endocervix, uterine cavity, both ostia, pres-

Dept. of Obst. & Gyn. R. Microsurgery, Kilpauk Medical College & Hospital, Madras.

Accepted for Publication on 20.10.1993.

ence of adhesions, tubercles, septum, polyp and presence of submucous fibroid. The success of recanalisation depends on the type and site of sterilisation and the approxi-

mate length of the tube available for recanalisation.

Analysing the age group 48.5% were be-

Table I

Age of cases analysed - Total 260

Age	No.	%
Below 20	5	1.9
21 - 25	94	36.2
26 - 30	126	48.5
31 - 35	35	13.4
260		

Table II

Parity of patients analysed

Para	No.	%
0	2	0.8
1	64	24.6
2	182	70
3	12	4.6
260		

Table III

No. of living children - cases analysed

Live child	No.	%
No live child	121	46.5
1	128	49.2
2	11	4.3
260		

Table IV

Analysis of pomerooy's sterilisation

Pomerooy	No.	%
PS	142	54.6
TAT/MTP with TAT	34	13.1
LSCS with St.	11	4.2
HYST. with St.		
TVT	1	0.4
LAP. ST. with INTERVAL LAP.	72	27.7
260		100

Table V

Type of sterilisation

Total No. of cases	Pomerooy		LAP.	
	No.	%	No.	%
260	188	72.3	72	27.7

Table VI

Site of sterilisation in pomerooy's technique

Type	Pomerooy		LAP.	
	No.	%	No.	%
Isthmus	10	5.3	58	80.6
Proximal ampullary	78	41.5	14	19
Distal ampullary	100	53.2	—	—
188			72	

Table VII

Site of sterilisation in pomero's technique

Type	No. of cases	ITHMUS		PROX.AMP.		DIST.AMP.	
		No.	%	No.	%	No.	%
P. S.	142	3	2.1	59	41.5	80	56.3
MTP with TAT / TAT	34	3	11.8	14	41.2	16	47
LSCS with St.	11	3	25	5	41.7	4	33.3
HYST with St.	1	—	—	—	—	1	—

Table VIII

Site of sterilisation - laparoscopy technique

Total No. of cases	ISTHMUS		PROX. AMP.		DISTAL AMP.	
	No.	%	No.	%	No.	%
72	58	80.6	14	19.4	—	—

Table IX

Site of adhesions - Total 45

Site of adhesions	Pomero's		LAP.	
	No.	%	No.	%
Tube to uterus/ ovary	8	20	3	60
Tube to bowel	2	5	2	40
Omentum	16	14	—	—
POD	5	12.5	—	—
Ant. Abd. wall	2	5	—	—
Sterilisation site	7	17.5	—	—

Table X

Findings - Total 154

Findings	No.	%
Normal	112	72.7
Polyp	1	0.6
Endo. hyperplasia	17	11.0
Adhesions	14	9.2
Partial septa	5	3.2
Puckered ostic	4	2.6
Cu T	1	0.6

tween 26-30 years, 36.2% were between 21-25 years. A small proportion i.e., 1.9 were below 20 years of age. The request for reversal is mainly from younger age group

between the ages of 21-30 years.

24.6% of the patients were Para I and had sterilisation. 2 patients had undergone sterilisation without childbirth, along with

MTP. 70% of the patients were Para II and came for recanalisation because of remarriage. 46.5% of women who came for reversal of sterilisation had no live child and 49.2% of women had only one child.

Out of 260 patients, 54.6% had puerperal sterilisation. 13% had minilaparotomy with sterilisation. 4.2% had caesarean or hysterotomy with sterilisation. 27.7% had laparoscopic sterilisation. 1 patient had transvaginal tubectomy. The majority of the patients, i.e., 72.3% had sterilisation by Pomeroy's technique.

Analysing the site of sterilisation, isthmus is the site of sterilisation in 5.3% of cases by Pomeroy. 41.5% of cases had sterilisation at proximal ampulla and 53.2% had sterilisation at distal ampulla. Ideally the site of sterilisation should be in the isthmal region for best results. On further analysis of Pomeroy technique, the site of sterilisation was the distal ampulla in 56.3% of cases in PS, in MTP with TAT 47% and in LSCS with sterilisation 33.3%. The proximal ampulla was found to be equally affected in all 3 types.

By laparoscopic technique, sterilisation site was at isthmic region in 80.6% of cases. 19.4% of cases had sterilisation site at proximal ampulla. This accounts for the better success rate of recanalisation following laparoscopic technique.

Analysing the Pomeroy technique in puerperal sterilisation, isthmus is the site of sterilisation in 2.1%, proximal ampulla in 41.5% and distal ampulla in 56.3%. In

minilaparotomy with sterilisation, whether it is interval or concurrent with MTP 47% had sterilisation site at distal ampulla and 41.2% had at proximal ampulla. Isthmus is sterilisation site only in 11.8% of cases. When sterilisation was done along with Caesarean or hysterotomy, we could find sterilisation site in proximal ampulla mainly in 41.7%. Distal ampulla was site of sterilisation in 33.3% and isthmus region in 25% of cases, out of the 188 cases of Pomeroy technique. Only 1% had transvaginal tubectomy and in that case the sterilisation site was at the distal ampullary region. Out of 260 cases, 45 cases, i.e., 17.3% had adhesions. Analysing the site of adhesions majority of cases i.e., in 40% omentum was adherent to anterior abdominal wall or to the tube. In 12.5% avascular flimsy adhesions were present in POD. Sterilisation site was involved in 17.5% of cases. Another significant factor is that adhesions were prominent in Pomeroy's technique.

Routine hysteroscopy was done in 154 cases of recanalisation. In 72.4% of cases the uterine cavity was found to be normal. 11% had endometrial hyperplastic adhesions.

CONCLUSION

As indicated by the above materials, the site of sterilisation is important in recanalisation. Sterilisation should be done in the isthmal region, no matter what the type/technique so as to ensure best results. This paper is being presented to emphasise the importance of the site of sterilisation.