

SEEKING STERILIZATION REVERSAL OPERATION - A RISING TREND

GANGULY (MUKHERJEE) G. ● BISWAS A. ● PAL A.

SUMMARY

From October, 1989 to June, 1992 a total of 350 patients attended the Regional Centre of Excellence (RCOE), R.G. Kar Medical College & Hospital, Calcutta seeking Sterilization Reversal operations. Three monthly distribution of cases shows that in the 1st 3 months (October to December, 1989) there were 12 cases while 65 cases in last 3 months (April to June, 1992). A more than 5 times rise definitely requires critical consideration. Main causes of seeking reversal operation were death of male child (52%) and death of all children (37%). Most of these deaths are preventable. Few comments are made on this rising trend.

INTRODUCTION

The tremendous impetus given to family planning methods, notably sterilization has opened up another set of problems. Many of the young women who had undergone sterilization operation with less number of children are now regretting their earlier decision and are seeking a reversal of the surgical procedure.

This has resulted in a rising trend for seeking sterilization reversal operation. In our present study we have undertaken a critical review of the rising trend.

METHODS AND MATERIALS

The Regional Centre of Excellence, a micro-surgical Unit for sterilization reversal operation started functioning in October, 1989 at R. G. Kar Medical College and Hospital, Calcutta. Since then till June, 1992 (33 months) there have been 350 cases who had come to

Dept. of Obst. & Gyn. R. G. Kar Medical College & Hospital, Calcutta.

Accepted for Publication on 20.10.1993.

us seeking sterilization reversal operation.

These 350 cases comprising our study group have been evaluated considering their age group, number of living children at the time of sterilization operation, number of living children when they are seeking sterilization reversal operation, reasons for seeking sterilization reversal operation.

The number of cases seeking sterilization reversal operation were enumerated over every three months period from October to June, 1992.

RESULTS

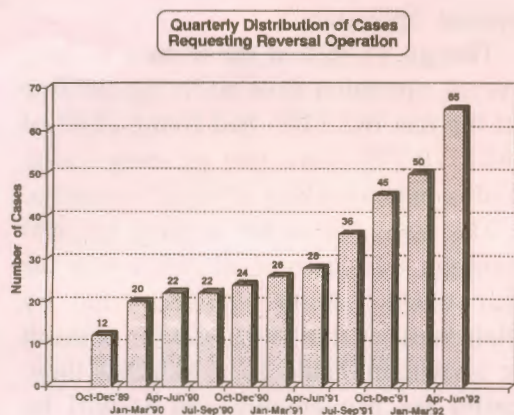


Fig. 1 : Illustrates the three monthly distribution of cases requesting reversal operation during the study period. There were 12 cases in 1st three months (Oct. to Dec., 1989) and 65 cases in last three months (April to June, 1992).

Table II
Number of living children at the time of sterilization

1	2	3	4	Total
28	172	107	43	350
8%	49%	30.8%	12.2%	

Table III
Number of living children at the time of seeking reversal operation

Nil	1	2 or more	Total
132	182	36	350
37.7%	52%	10.3%	100%

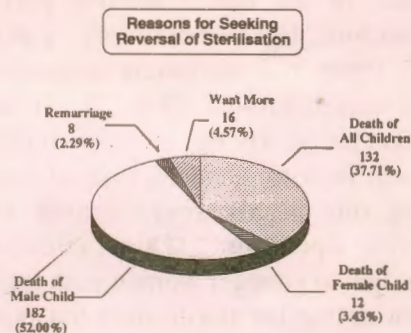


Fig. 2 : Illustrates the reasons for seeking reversal of sterilization operation.

Table I
Distribution of cases according to age group

20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 38 Years	More than Years	Total
92	140	53	34	31	350
26.28%	40%	15.14%	9.71%	8.85%	

Table IV

Table Showing causes of Death of the Children

Causes of Death	No. of Death	Percentage	Total Death
1. Gastroenteritis	172	52.76%	326
2. Fever of unknown etiology	115	35.27%	
3. Drowning	8	2.45%	
4. Bus accident	5	1.5%	
5. Poisoning	2	0.6%	
6. Tetanus	3	0.9%	
7. Measles & Chicken Pox	9	2.7%	
8. Beaten to death by Neighbours	1	0.3%	
9. Convulsion	4	1.2%	
10. Thalassmia and Neoplastic Diseases	7	2.1%	

DISCUSSION

From 12 cases in the first 3 months period (October to December, 1989) to 65 cases in the last 3 months period (April to June, 1992) of our study - a more than 5 times rise definitely requires a critical consideration. (Fig. 1) If this trend keeps on rising, in near future there will be a tremendous rush of cases seeking this highly sophisticated and expensive operation. This increasing trend is due to younger women with fewer children opting for sterilisation but more due to increasing awareness that a special service for reversed is now available (Leader et al, 1988; Abraham et al, 1986; Marcil-Cratton et al, 1988; Mohanalakshmi et al, 1989; Wilcox et al, 1990) have recognised the significance of age. Our study shows that more and more women of younger age group with lesser number of living issues are opting for the permanent method of family planning. Many of these cases are later regretting for their decision and seeking

reversal operation.

Though 37.76% of the women seeking reversal operation have no living children but the rest (62.24%) had living child of which 10.37% have two or more living children when seeking reversal operation.

The main reason for seeking reversal operation was death of all children or the male child. Same was reported by Allahabadia et al in 1991. Causes of death are shown in Table IV. Most of these deaths are preventable and it will be wiser if more concern and care is taken to prevent these deaths. The question comes is it justified to allow a patient with two or more living female issues to undertake reversal operation just hoping that the next issue will be a male? The ethical question of importance of male over female children apart, the reversal operation will just help to add to the population explosion.

It may be mentioned here that few cases were found to have given wrong information regarding the parity at the

time when they underwent sterilization reversal operation.

In 28 cases sterilization was done with only one living issue. These were done mainly under pressure, without understanding the implication of this operation. Sixteen of these sought recanalisation because of death of the only child while 12 sought it because they desired more children & regreted sterilisation.

In Western countries, women with improved socio-economic and educational status, remarriage has given the main reason for seeking reversal operation.

In our country though this was quite insignificant here also we see an increasing trend.

COMMENTS

More concerted effort is required to ensure the safety and security of our children. The preventable causes of death have got to be stemmed immediately. This will ultimately leave us with lesser number of recanalization operations genuinely required. This can only be achieved with overall socio-economic and educational improvement of our population. The cases going in for sterilization

operations must be properly evaluated and counselled prior to being approved for operation. The young women with lesser number of children opting for sterilization must be made to understand the implication of the operation before being subjected to it. Better still these women should be advised to undertake spacing methods till their children grow-up safely.

It must be well explained to those patients seeking reversal operation for want of male child that both success of this expensive operation and also the sex of the outcome if successful, cannot be guaranteed.

REFERENCES

1. Abraham S., Jansen R., Fraser I., Kowk M. : *Med. J. Australia* : 145;4;1986.
2. Allahbadia G., Ambiye V.R., Shanbhag A.M., Vaidya P.R. : *J. Obstet. & Gynec. Ind.* : 41;105;1991.
3. Leader A., Galan N., George R., Taylor P.J. : *J. Obstet. & Gynec.* : 145;198;1988.
4. Marcil-Gratton N., Duchesne C., St-Germain-Roy S., Tulandi T. : *C.M.A.J.* : 138;711;1988.
5. Mohanalakshmi T.K., Selvakumari S.J., Thirupurasundari R. : *J. of Obstet. & Gynec. Ind.* : 39;415;1989.
6. Wilcox L.S., Chu S.Y., Peterson H.B. : *Obstet. & Gynec.* : 75;661;1990.