

ASPIROTOMY AS A METHOD OF 2ND TRIMESTER TERMINATION

NIRANJAN M. MAYADEV • Y. S. NANDANWAR • DAKSHAYANI R. GUTTAL

SUMMARY

A child in the family brings happiness, enjoyment, excitement and a sense of fulfilment, but repeated pregnancies undermine all these. Many times, for various reasons, women present late for pregnancy termination especially in the 2nd trimester. Of the available methods for 2nd trimester terminations Aspirotomy was promising.

We studied Aspirotomy as a method of 2nd trimester termination to evaluate the efficacy, safety and economy of the procedure. We found aspirotomy a boon especially for working women. It is safe, economical and also saves a lot of time both for women undergoing it and practitioners performing it.

INTRODUCTION

A child in the family brings happiness, enjoyment, excitement and a sense of fulfilment and completeness, but repeated pregnancies undermine all these and instead lead to more worries of upbringing the children and fulfilling their requirements both psychologically and financially.

In this confusion, many women present for termination at an advanced stage of pregnancy. Some present late for financial reasons, social reasons or religious taboos or some times because of sheer fear of the procedure.

We are using aspirotomy for mid trimester terminations over the last 5 years.

AIM OF THE STUDY

To evaluate efficacy safety and economy of the procedure.

Dept. of Obst. & Gyn. KEM Hospital, Parel, Bombay.

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Our Protocol

Admission was necessary in all the cases under study (though it can be performed on OPD basis).

The women were interviewed as for the history and examined thoroughly clinically and investigated in detail where necessary.

They were investigated for anaesthesia fitness and only those found fit for anaesthesia were included in the study.

Women with local infection and scar on the uterus were excluded from the study.

All these patients were counselled and a written informed consent was obtained from both the partners wherever possible.

Total of 460 cases were analysed from December 1987 to December 1993.

No special instruments were required apart from bigger set of dilators, suction canulae and aspirotomy forceps, if aspirotomy forceps is not available it can be substituted by longitudinal long sponge holding forceps with transverse serrations.

Use of ultrasound is a boon as it can be ascertained for its completeness and complications can be minimised.

The procedure is like an ordinary MTP where apart from paracervical block, we use intracervical Epidosin and Pitocin at 2, 4, 8, and 10 O'clock position.

Maximum dilatation is done till 16 mm Hegar dilator. Liquor and soft tissues are sucked out and fetal parts removed piece meal. Thus aspiratory is a combination of aspiration and embryotomy.

Post procedure inj. Methergin is given IM and few cases required a glucose drip with 20 units pitocin added

to it.

Patients discharged 6 to 8 hours after the procedure and asked to follow up on the 5th and the 12th day of the procedure.

Use of cerviprime gel and laminaria tents prior to the procedure was of advantage especially in nulliparous women.

RESULTS

(1) Operation time required varied from 20 mins to 50 mins.

(2) The blood loss estimated was anywhere from 100 cc to 300 cc.

(3) No Patient required blood transfusion.

(4) All patients were discharged after 6 to 8 hours after the procedure.

Table I

Age	No. of cases	Percentage
≥ 20	110	23.92%
21 - 25	110	23.91%
26 - 30	130	28.26%
31- 35	60	13.04%
≥ 35	50	10.97%

Table II

Parity	No. of cases	Percentage
Nulliparous	110	23.91%
1 - 2	200	43.48%
3 - 4	150	32.61%

Table III

Marital Status	No. of cases	Percentage
Couples	260	56.52%
Single	200	43.48%

Single cases means unmarried, separated or widows.

Table IV

Gestational Age	No. of cases	Percentage
12- 14 weeks	80	17.39%
15 - 16 weeks	200	43.43%
17 - 18 weeks	120	26.09%
19 - 20 weeks	60	13.04%

Table V

Cervical dilatation	Gestational Age			
	14 wks	15-16 wks	17-18 wks	19-20 wks
11 mm	30	30	30	-
12 mm	30	140	20	30
14 mm	-	30	80	10
16 mm	-	-	20	40

Prophylactic antibiotics were administered to one and all the patients and continued for 7 days. We used a combination of Ampicillin and metronidazole or kloxacillin and metronidazole depending on the availability.

All patients were asked to come for follow up on 5th and 12th day of the procedure for any problems and for further contraceptive advice.

COMPLICATIONS

Perforations occurred in 2 women, where exploration was essential. In one there was a small bowel injury which was sutured and in the other there were bowel lacerations which did not require suturing.

In 6 women there were cervical lacerations and tears due to bony spicules which were sutured.

In 10 women there was pyrexia post procedure and signs and symptoms suggestive of pelvic infection which settled with higher antibiotics.

To summarise aspirotomy is a safe and simple procedure of terminating second trimester pregnancy.

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