INTROITAL TIGHTENING

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SUMMARY

Prolapse is a common gynaecological problem. Few of these patients may be high risk for major surgery or anaesthesia. Old Le'forte's operation has its own complications like failure and sepsis. Cervix cannot be visualised and PAP smear not possible.

Introital tightening is a very short, simple, safe and sure procedure. This can be done by a basic doctor at primary health centre to help poor old ladies. This operation has no complications at all. Cervix can be inspected and PAP smear can be taken and there are no complications in the form of stress urinary incontinence as seen with Le'forte's.

INTRODUCTION

Prolapse is a common gynaecological problem. The modes of treatment for prolapse are conservative and operative. The conservative modes include: use ofvaginal pessary and of vaginal tampoons. Amongst the operations, Le-Forte's operations is a very old operation and has its complcations.

Those women who are not fit for any anaesthesia or the prolonged lithotomy position, one has to consider a safe simple, short procedure which can be performed by any basic doctor without any special skill at a primary health centre.

If the patient is not fit for a conventional operation, she cannot be left alone because prolapse has inherent complications.

This new conservative operation fulfills the criteria and is well accepted at least during this preliminary study.

In many patients using pessary when they came for follow-up it was found, that their prolapse was cured because the pessary had got impacted in the vaginal

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tissue following infection and fibrosis. This stimulated the thought of introital tightening, the principle of which is that of "Theirsch stitch" the surgery done for rectal prolapse.

MATERIAL AND METHODS

We had selected 25 patients in KEM Hospital over a period of 5 years for this study. All these patients were above 70 years with multiple medical and orthopaedic problems. Most of them were referred from geriatric clinic. All these patients were investigated but were found to be unfit for anaesthesia. Complete examination was done after taking a detailed history. The procedure was explained to the patients and their relatives with a clear understanding that this is only a temporary measure. In the beginning, a few cases had cutting through of the stitch at 1 O'clock and 10 O'clock positions. Then we started taking deeper stitches. The procedure is very simple done under local anaesthesia using 1% lignocaine injected all around the introitus.

Vaginal wall was incised just below the urethra and at the posterior fourchette. Any non absorbable material like ethilon No. 1 was taken on a large round body needle which was inserted through the incision made in the anterior vaginal mucosa passed submucosally and was brought out through the posterior incision. A similar stitch was taken on the opposite side. The introitus was tightened to allow a small speculum or two fingers, and about 5-6 knots were tied. In order to bury the stitches the vaginal mucosa and the skin were sutured with 1-0 chromic catgut. This procedure took not more than 2 minutes. Post operative care was not cumbersome. Patients were put on routine antibiotics, analgesics and oestrogen creams. Local antibiotic cream was applied. Hospitalisation on an average was only for 4 days, mainly for other reasons otherwise it is an OPD procedure.

The advantages of introital tightening are :

1. Cervix is accesible for cytology and examination.
2. Free vaginal drainage is possible.
3. Less trauma with minimal blood loss.
4. Technically easy.
5. Expert surgical skill is not necessary.
6. No need for indwelling catheters.
7. Stress urinary incontinence was not seen.
8. Prolonged lithotomy position not necessary.
9. Sexual function is possible.
10. Very cost effective.

This is a preliminary study with a very small number of patients and hence one could not come to conclusion, but it definitely can be used temporarily just to give symptomatic relief to poor old ladies who are unfit for anaesthesia and surgery. More elaborate studies are needed to prove the same. Dani (1989) reported 10 cases with satisfactory results.

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REFERENCE

1. *Dani S. : J. of Obstet. & Gynec. of India: 39;725;1989.*