

THE USE OF PRE-OPERATIVE PROSTAGLANDINS IN 10-16 WEEKS M.T. PS

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SUMMARY

Prostaglandins have been used by various routes for the termination of pregnancy. It is the termination of pregnancy between 10-16 wks that poses a dilemma to most obstetricians.

75 cases of late 1st trimester/early 2nd trimester M.T.P. were studied. All these patients were administered Inj Prostodin (250 µg) intramuscularly, half an hour prior to suction evacuation under general anaesthesia.

Our observations proved that dilation is easier, also the use of the suction can be eliminated in large number of cases.

Intra and post operative blood loss is minimal and complications like perforation, bleeding, and cervical trauma are almost nil. making this an effective and safe method of M.T.P.

INTRODUCTION

In the early first trimester of pregnancy termination by suction evacuation has proved to be the time tested method. Similarly after 16 weeks - the use of extraamniotic ethacridine lactate or prostaglandins are recommended, as effective means to terminate an unwanted pregnancy.

It is the pregnancy of 10 to 16 weeks

which proves to be dilemma even to a well experienced gynaecologist. In this so called "grey zone" - suction evacuation alone may be risky (as there is an increased risk of perforation, bleeding and cervical trauma). On the other hand prostaglandins used along - result in a higher incidence of incomplete MTP's with infection, bleeding and increased morbidity.

Therefore the purpose of our study was to combine these two methods viz. use

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preoperative prostaglandins prior to performing suction evacuation in MTP cases of 10 to 16 weeks of gestation.

MATERIALS AND METHODS

In a study conducted at the J.J. Group of Hospitals, we studied 75 patients, 72 of these presented at the O.P.D. for medical termination of pregnancy. Two cases were diagnosed as missed abortion and one was a case of molar pregnancy of 14 weeks. 6 (8%) of the patients were primigravidae, of which two patients had missed abortion and 4 required MTP for social reasons.

A thorough pre-operative evaluation was done which included a detailed medical history and examination and pre-operative investigations as required.

On the morning of surgery, the patients were given Inj. Prostodin (250 µg) intramuscularly. When the patients complained of bleeding/pain, they were taken up for suction evacuation under general anaesthesia.

The average time interval between the onset of pain and the injection was half an hour.

7 (9%) patients (who did not respond

to the 1st injection - required a second dose of 250 µg of prostodin 1 hour later).

On the operation table, a per vaginal examination revealed the uterus to be tonically contracted, its contour well delineated. This is an additional advantage of administration of prostaglandins.

OBSERVATIONS

66% (50 patients) did not require any dilatation prior to evacuation. In those 20 patients who did require some dilatation, the procedure was found to be very

Table I
Patient distribution

Reason for termination	No. of cases
M. T. P.	72
Missed abortion	2
Vesicular mole	1
Total	75

Table II
Observations

Week of gestation	No. dilatation required	Dilatation required	
		From 3 mm	From 7 mm
10-12 weeks	11	0	6
12-14 weeks	34	4	12
14-16 weeks	5	1	2
Total	50	5	20

easy, the "ripened" cervix being very soft and offering almost no resistance to dilatation.

In a large number of patients, the expulsion of the products of conception had already started - so it was not necessary to even use a suction; a check curettage being sufficient to evacuate the uterine contents completely. Table 2.

Minimising blood loss and haemorrhage is an important consideration in a country where most women are anaemic. The measured blood loss was found to be just 50 to 75 ml. Moreover the uterus was well con-

tracted after the procedure. Serious complications were nil, in our study.

The side effects included vomiting in 21% of this patients. Few patients complained of diarrhoea/flushing.

CONCLUSIONS

To summarize, this is an economical and more efficient method of termination of pregnancy between 10 to 16 weeks; with minimal risk of perforation, infection, bleeding and incompletely evacuation making it a safer, quicker and effective means of termination of pregnancy.