INNOVATIVE PROCEDURES IN OBSTETRICS/GYNECOLOGY

PROCEDURE - I

EVALUATION OF SURGICAL TREATMENT OF CERVICAL INCOMPETENCE : INTRODUCTION OF A SIMPLE STITCH & COMPARISON WITH OTHER TECHNIQUES

R. J. Sreenivasan, Venu Gopal

Department of Obst. & Gyne. , Karnool Medical College & Govt General Hospital, Karnool(Andhra Pradesh) India.

Abstract: *Cervical Incompetence is a definite entity. Many patients complain of mid-trimster abortion, Careful evaluation and timely intervention bestows faith and confidence in the patient; ecstacy and joy, on the face of the mother with her fond baby, is to be seen to believe and the happiness is shared by the obstetrician too. A Prospecitive study of 100 cases of cervical cerclage procedures of 4 different types was done to compare the success rate. The types of cerclage procedures done were Mc. Donald's, Wurm's modified shirodkar's and Sreenivasan's stich. A simple cervical stitch to treat cervical incompetence, is being presented.*

INTRODUCTION

Cervical incompetence (CI) is a deficiency of structure and function resulting in an inability of cervix to retain a developing pregnancy within the uterus. It causes repeated mid trimester foetal wastage and also pre-term labour. The authors have refrained from dealing with the incidence, anatomy of the cervix, etiologicalo factrs and clinical signs, symptoms and aids to diagnosis of cervical incompetence as the literature is well documented.

MATERIAL METHODS

One hundred (100) cases of cervical incompetence were subjected to four different cercleage procedures as depicted diagrammetically

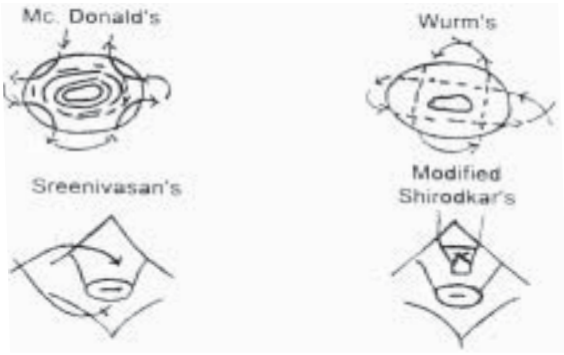


Fig.: Type of cerclages

(fig.)

Procedure: **Sreenivasan's stich** was performed under simple pre-medication using 100 mg diazepam I.V + 50 mg of atropine. After pre-medication patient was kept in lithotomy position. Vulva and vagina were cleaned with betadine lotion and draped with sterile towels. Cusco speculum was then introduced and cervix exposed. Both lips of cervicx were held with Allis forceps. Black silk (1.0) on a round bodied needle was passed antero-posteriously at the level of the isthmus and the knot placed anteriorly and tightened with Hegar's No.8 dilator in-situ. A finger was introduced into the cervical os to make sure the internal os is closed.

Prophylactic stitch:- In 14 cases of recurrent mid-trimster abortions during the past decade 1996-2006, author applied the stich prophylactically when the patient was not pregnant and all of them conceived naturally and carried the pregnancy to term. Routine antenatal checkup was carried out., and were without apprehension of fear of mid-termination. The patients were given tocolytics and aliylestranol and advised to apply vaginal povidon ointment daily.

Post operative period:- Immediately after the cerclage patients were confined to bed, uterine contractions were prevented with isoxsuprine hycrochloride 40 mg. IV. dripped slowly. Amplicillin 500 mg bd was given for 5 days. An injection of depot progerterone 500 mg. I.M. was also given. Micronised progerterone 100 mg. daily was given for 4 weeks. Patients were discharged on the same day after giving few hours of bed rest. They are advised to apply metrogyl and povidon ointment vaginally once daily to prevent local infection.

RESULTS & DISCUSSION

Cerclage Procedures

Four types of Cervical cerclage were applied to 100 patients of cervical incompetence (table 1). The diagnosis of CI was entirely based on history of repeated mid-trimister fetal losses and preterm labour. 84% of the cerclage procedures were done before 20 weeks of gestation. Cerclage was repeated in 20% of patients. The commonest age group of patient was 20 to 25 years.

Table1 : *Types Of Cerclages:*

S.No	Types of cerclages	No. of cases	%
1.	Mc. Donald's	48	48%
2.	Wurm's	09	9%
3.	Modified Shirodkar's	03	3%
4.	Srinivasan's	40	40%

Patients after **Srinivasan's stitch** were discharged from the hospital on the same day and in other types of cerclage procedures patients

Correspondence: R. J. Sreenivasan*, Medical Superintendent & Head, Department of Obst. & Gyne. , Karnool Medical College & Govt General Hospital, Karnool (Andhra Pradesh) India.*