

Fig.8: Anchoring of the silk thread on either side of midline in front of rectus sheath a make sure CX is drawn in



Fig.9: Showing CX well drawn up into normal position



Fig.10a : Showing pregnancy-Frontal



Fig.10a : Showing pregnancy-Lateral

MANAGEMENT OF LABOUR IN PREGANCY FOLLOWING SLING

When no contra indication normal vaginal delivery assisted with vacuum is preferred.

AUTHOR EXPERIENCE

Nulliparous prolapse results from laxity of pelvic floor (the urogenital diaphragm) due to congenital weakness. I observed that cervical isthmus could be vertically pulled upwards with No. 1 black braided silk and anchored in front of rectus sheath for repositioning the uterus in nulliparous prolapse. I applied this principle in the sling operation for cervicopexy with good results.

RESULTS

The author has performed 25 operations with good result. Pregnancy following Srinivasan's sling is 48 percent.

REFERENCES

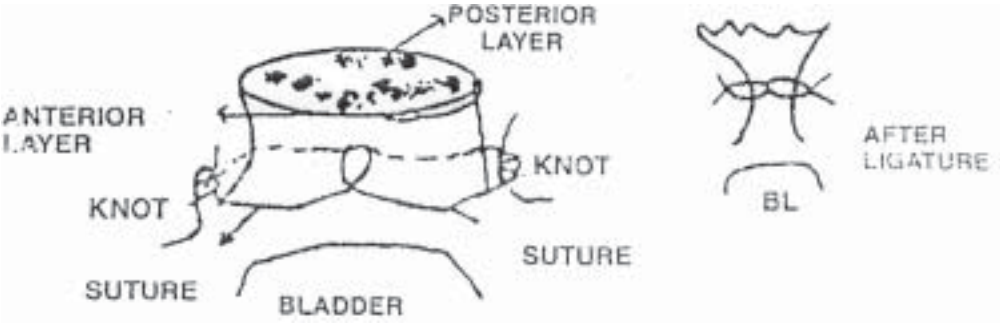
1. ***Anjaneyulu, R :*** *In Postgraduate Obsterics and Gynaecology (Eds. M.K. Krishna Menon, P.K. Devi and K. Bhaskar Rao), 1 stands. Orient Longmans ltd., New Delhi, 1980, p.249.*
2. ***Chaudhuri, S.K.*** *: J. Obstet. Gynaec. India. 32 : 817, 1938b.*
3. ***Arthure, H.G.E. and Savage, D.*** *: J. Obstet. Gyanaec, Brit, Emp. 64 : 355, 1957.*
4. ***Shirodkar, V.N.*** *: Contributions to Obstetrics and Gynaecology, E. & S. Livingstone Ltd., London, 1959.*
5. ***Chaudhuri, S.K.*** *: Int. J. Gynec. Obstet. 16 : 314, 1979.*
6. ***Howkins, J. and Hudson, C.N. (Eds.)*** *: Shaws Textbook of Operative Gynaecology, 5th Edn., Churchill Livingstone Edinburgh, 1983.*

PROCEDURE - III

A SIMPEL EMERGENCY LIFE – SAVING SURGICAL PROCEDURE FOR CONTROL OF PPH : A CASE REPORT

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CASE REPORT

31 years. G3L2 post-Cesar pregnancy was admitted with 7 MA and profuse bleeding PV of four hours duration. General condition - patient was pale, had tachycardia, B.P. 100/60mm HB 7 gm%, urine was clear, blood group B+ve.

Abdominal examination: Uterus 28 weeks, tense, foetal parts felt, cephalic foetal hearty absent.

Ultra sound Examination: single foetus, cephalic 28 weeks foetal heart absent. Placenta in lower segment covering internal OS, type II anterior.

Treatment: Compatible B+ve blood transfusion 2 units given. Laparotomy was done. Lower segment was vascular, was incised through placenta; she delivered a female dead foetus 1 kg. in weight. Placenta was adherent to the lower segment. Placenta previa and acreta removed piecemeal. There was profuse haemorrhage. Sub-total hysterectomy was done, bleeding was still uncontrollable. The anterior wall was very thin and papery. Blood was oozing. The anterior and posterior walls sutured as shown in the figure; haemostasis secured. Patient recovered uneventfully and was discharged on 8th day. This is a simple surgical procedure which can be life-saving in an emergency.