Habitual Abortion-Mid Trimester Miscarriage Shirodkhar Operation

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Abstract

A retrograde study of 200 patients with history of habitual abortion (mid trimester miscarriage) caused by cervical incompetence was made from 1982-1996.

All patients were treated by shirodkhar suture.

The end results were good and successful in 81% which ended by delivery of healthy babies (complete 37 week), and 19% ended by preterm labours or aboetions.

In comparison with another 200 patient with incompetent. Os treated conservatively without surgical interference, and the results were 34% ended by term delivery while 66% ended by labours or abortions.

Thus shirodkhar suture is simple and give good results, so it is recommended for treatment of such cases.

Aim of the study

1- Proper selection of patients.

2- Exclude other causes of abortion and secondly it is better not to disturb an early pregnancy.

3- Study of the main causes of incompetent Os.

4- Chossing the proper time for circulage operation, so it is best performed after the first trimester (between twelfth 12th week and sixteenth 16th week of pregnancy) but befor cervical dilaration of 4cm is reached, if possible.

5- Bleeding, uterine contractions or ruptured membranes are contraindication to surgery.

Repeated Mid Trimester Miscarriage (Habitual Abortion) Shirodkar Suture Ciculage Operation

Abstract

A retrograde study of 200 women was made in Hilla from 1982 until 1996 in Hilla republic hospital and Babylon hospital for maternity and children. Age group varied from 16 up to 43 years, from different occupations; doctor, engineer, pharmacist. teacher, worker, farmer and house-wife. Parity were be-

tween 1 to 8 Numbers of previous abortions were between 3 to 7.

Material and Methods

All the patients were investigated to exclude other causes of abortion and send for :

1- Haemoglobin.
2- Blood group.
3- Rhesus factor-if Rhesus negative for antibody titre.
4- Wassermann test.
5- VDRL test.
6- General urine examination.
7- Glucose tolerance test.

All patients were examined throughly with proper gynaecological examination by the researcher.The method of diagnosis of incompetent os dependss on:

1- Previous obsetrical history.
2- Clinical and pelvic examination.
3- Passage of N° 7hegar dilator without difficulty.
4- Hysterosalpingography.
5- Ultra-sound examination.

Decision of Operation

During Prgnancy, all paitents were admitted to the gynaecological ward of the hospital. The type of the operation was explained to them by the researcher.

Timing of operation it is generally best to perform this operation between twelfth (12^{th}) week and sixteenth (16^{th}) week pregnancy to eclude other causes of abortion and secondly, it is better not to distrub an early pregnancy[3].

Preparation of Patient

All patients were admitted to the gynaecological ward and prepared for cevical encirclage.

A pre-medication of valium ampule 10mg was given intravenously and general anaesthesia was induced, the patient was placed in lithotomy position, the vulva. vagina and cervix were swabbed and drapped.

Procedure

By using double armed tape Bp. I needle was passed in the anterior fornix about the level of the internal os to the posterior fornix on the left side, when withdrawn through the posterior fornix, one half of the cervix was circumnavigated by the ligature.

Asimilar maneuver was performed on the right side, the cervix was completely enclosed by the ligature which then tied with required degree of tension. The incompetent canal was closed. After conclusion of the operation, the colour of the cervix was normal. All patients were allowed to go home on the second or third post-operative day, and were advised against coitus until next visit four weeks later. All patients were treated by phenobarbitone 30mg tables two times daily. Folic acid 5mg tablet two times daily. Salbutamol 4mg tablet two times daily.

Final Review

We advice the patient to come every month or if any complication arises. Suture should be removed at 37.38 completed week or once labour pain issued whatever the stage of pregnancy[4].

Discussion

After three consecutve aborton the expectation of the next pregnancy progressng beyond 28 weeks is 70% to 75% and beyond 36 weeks 65% to 70% this being without any treatment . After five abortions the corresponding figures fall to 50% and 40%.

In practice, three consecutve pregnancies ending in aborton are therfore generally accepted as the crteron for the dagnosis of recurrent (habitual) abrotion and justfy special investgation and treatment[5].

Our patents had three or more md trmester miscarriages, the most likely cause was incompetent cervix.

Cervcal ncompetence is alleged to cause mid trimester abortion or premature labour which is precptated by ruture of membranes and which proceeds pianlessly.

In the 20 years since DANFORTH`s classical paper on the fibrous nature of human cervix, the concept of cervical incompetence or insufficiency has developed[5].

The incompetent cervix is characterized by it is inability to contain the producets of conception in the second trimester.

Classical manifestation include

1- Bulging of the membrane.
2- Absence of uterine contractons.
3- Absence of bleeding.
4- Rapid and painless second trimester abortion.

Shirkodkar operation was preformed. The weakened cervix was enforced at the level of the internal os and it gave good result.

It is generally best to perform this operation between the twelfth and sixteenth week of pregnancy to exclude other causes of abortion and secondly it is better not to disturb an early pregnancy.

Side Effects and Complications of Encirclage Operation

Immediate Complications:

	Number	Percentage
1- Retention of urine (temporary)	1	0.5%
2- Uterin contraction and bleeding (subsided few days after treatment)	5	2.5%

Late Complications

A During pregnancy		Number	Percentage
1	abortions (inevitable)	9	4.5%
2	missed abortion	3	1.5%
3	premature labour (all babies were alive)	7	3.5%

B	During labour	Number	Percentage
1	caesarean section Indication of caesraean section:	21	10.5%
*	Breech presentation	5	2.5%
	Previous scar (repeated caeserean section)	5	2.5%
*	placenta praevia	2	1.0%
	Obstructed labour (prolonged first stage and delayed second stage of labour	7	3.5%
*	transverse lie of the fetus	1	0.5%
*	malpostion of the head	1	0.5%
2-	Annular detachment of the cervix during labour (vigorous uterine contraction before removal of the stich)	1	0.5% 0.5%
3-	Cervical tear	3	1.5%
4-	Bilateral cervical laceration	3	1.5%
5-	Neglected paitent, post maturity (mid-wife interference, home confinement sttill brith baby)	1	0.5%

Remote Complications:

		Number	Percentage
1-	Cervical stenosis	2	1.0%

Conlusion

Cervical encirclage operations has the advantage of being effective operating procedure with low morbidity and morthality, success rate our study was approximately 81% (reaching 37 or more completed week)[5] and number of patients end in spontaneous vaginal delivery are 145 and the percentage 72.5% .

The leading surgical complication of circlage techniques are cervical or uterine rupture due to failure to remove the suture in the presence of strong uterine contractions[7].

Therefore is advisable to remove the stich two weeks before term (38 weeks) Another prophylactic measure is to remove the stich when abortion or premature labour issued.

Recommendation

Cerclage should be delayed until after 14 weeks gestation so that early abortions due to other factors will be completed.

Certainly, the more advanced the pregnancy, the more likely surgical intervention will stimulate preterm Labour or membrane rupture. For these reasons, some prefer bed rest rather than circulage after 20 weeks, and certainly the procedure should not be performed after 20 weeks, but instead bed rest is recommended.

Also treatment of an incompetent cervix by transabdominal cerclage plased at the level of the uterine isthmus has been recommended in some instances (Herron and Parer, 1988; Oslen and Tobiassen, 1982). The procedure requires Laparotomy for placement of the suture and another Laparotomy for its removal or for delivery. We have had little experience with this operation.

Finally, cerclage does not always prevent preterm delivery and in fact preterm Labor may follow acerclage or as the result of infection or rupured membranes induced by the procedure.

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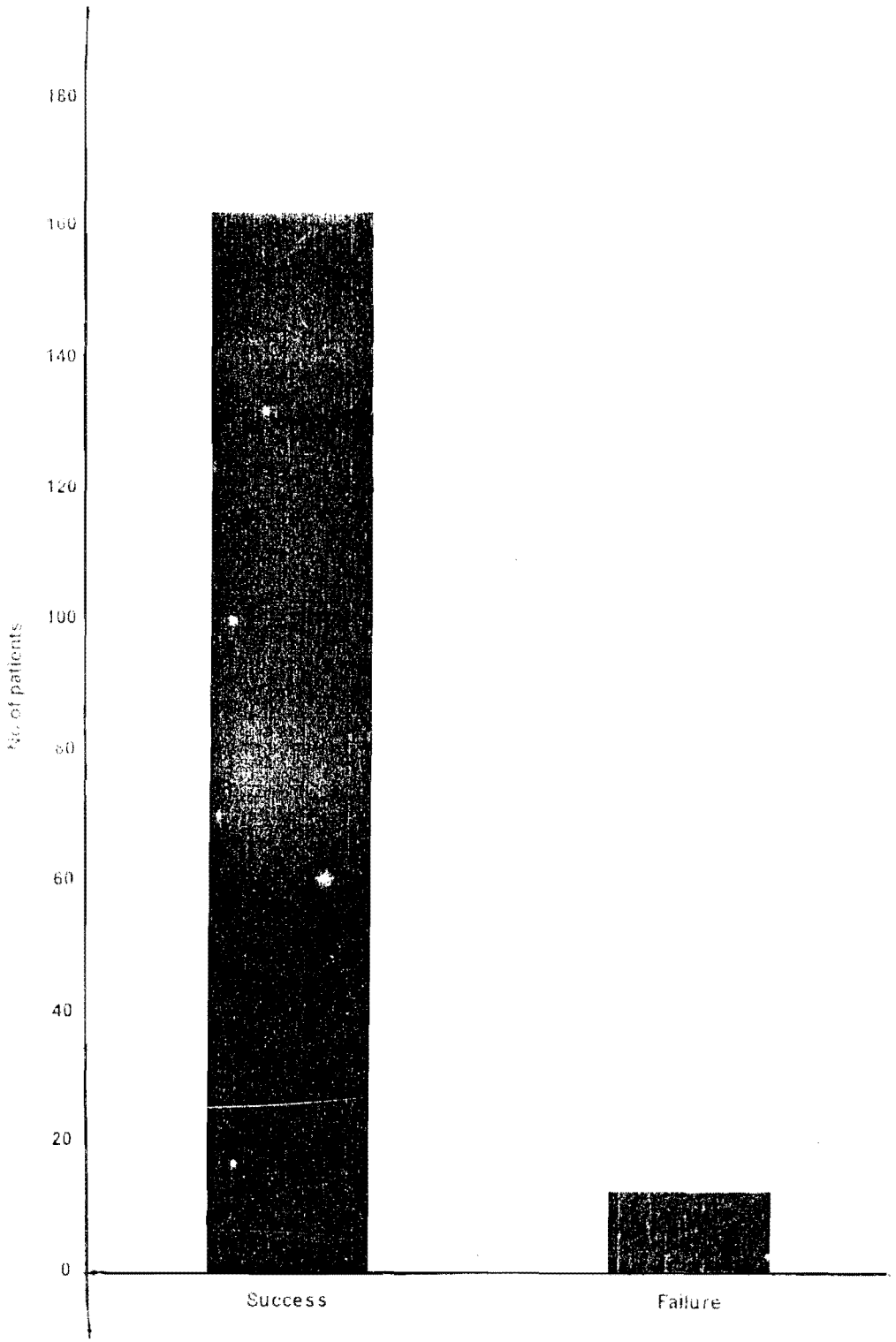
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160
140
120
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No. of patients
Success
Failure


No of patients
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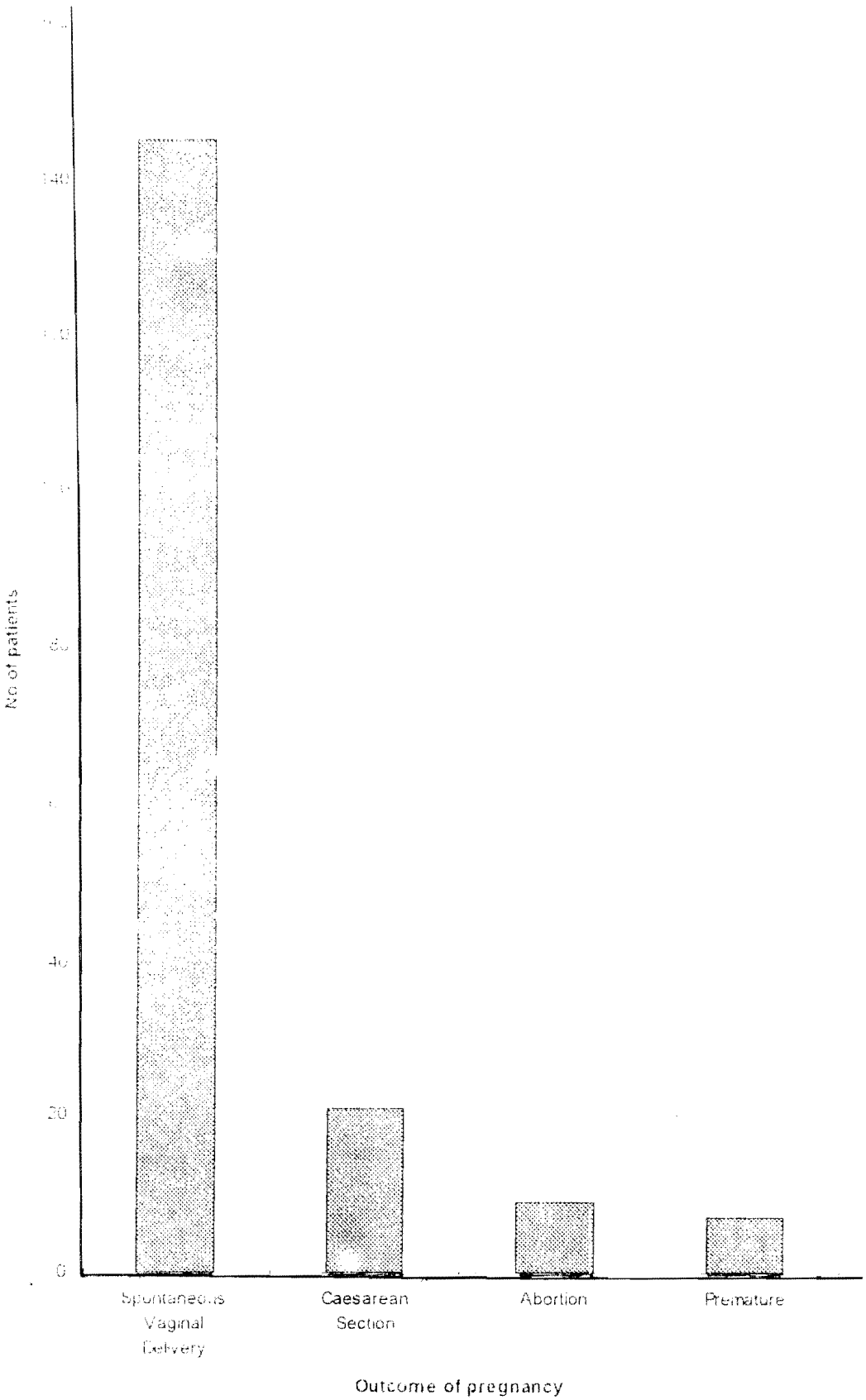
age in years


No of patients
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Spontaneous Vaginal Delivery
Caesarean Section
Abortion
Premature
Outcome of pregnancy

الاسقاط المتكرر في المرحلة الوسطى من الحمل عملية ربط عنق الرحم

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الخلاصة

اجريت دراسة راجعة لـ (٢٠٠) سيدة مصابة بأسقاط متكرر في المرحلة الوسطي من الحمل بسبب ارتخاء عنق الرحم للفترم من ١٩٨٢-١٩٩٦ .

عولجت جميه الحالات بواسطة عملية ربط عنق الرحم .

كانت النتائج جيدة وناجحة بنسبة ٨١٪ والتي انتهت بولادة اطفال جيدة (بعد ٣٧ اسبوع من الحمل) ، و ١٩٪ كانت ولادات مسبقة او اسقاطات .

وتبين من خلال الدراسة ان عملية ربط عنق الرحم هي عملية سهلة وذات نتائج ايجابية ولذا ننصح بأجرائها لمثل هذه الحالات .