



Successful Pregnancy after Tubal Recanalization

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ABSTRACT

Tubal sterilization is a widely used permanent contraceptive method for women who had completed their desired childbearing. It accounts for approximately 10% to 40% of contraceptive methods throughout the world^(1,2). The method of tubal sterilization varies according to the expertise available from fimbriectomy to classical Pomeroy's to laparoscopic sterilization.^[3] More than 45.5% women undergoing sterilization are between 20 and 25 years of age. Although it is done as a permanent method of sterilization, due to unforeseen circumstances, 1%–3% of these women subsequently demand reversal of sterilization^[4]. This procedure successfully unblocks one or both tubes in up to 90% of patients. Intrauterine pregnancy after successful recanalization occurs in 30-50%, with most pregnancies occurring in the first three to six months after the procedure. Here we are presenting a case of successful term pregnancy following recanalization.

INTRODUCTION

Man and his selfish deeds have led to an increase in the natural calamities, accidents, etc. which take the lives of innocent children, and parents are left alone to cry over the loss of never-to-be-born child, especially those who have already had undergone sterilization. There are various techniques of making them fertile again, one of which is tubal recanalization where in the cut-ends of the tubes are anastomosed by microsurgical technique, other factors being normal. Conventionally, the gold standard for recanalization has been microsurgical tubal recanalization through the laparotomy route. Minimally invasive laparoscopic microsurgery has introduced a new dimension for tubal reconstruction as the magnification obtained is, similar to that obtained with an operating microscope. Many western

centres have demonstrated success through laparoscopy and this has been widely regarded as the alternative route to perform microsurgical reversal of a ligated tube.^[5] There are no studies from India looking at fertility outcome after laparoscopic tubal recanalization. The outcome is affected by the age of the patient, length of the remaining tube for recanalization, method of previous sterilization, the duration between sterilization and recanalization, and site of ligation^[6]

CASE REPORT

Patient name Asha, age 32 years was a para2 with living issue only one male child of 5 years old and other expired at the of three due to electric shock in year 2014. In between patient had undergone laproscopic sterilization in feb 2014. She came in

J.K. Loan hospital, Kota OPD in July 2016 for recanalization. After all mandatory preoperative workup and anaesthetic fitness she underwent tubal recanalization by laprotomy route. Both side dye test was positive at the end of procedure. Her postoperative period was uneventful. She was discharged on eighth day. Before discharging she was well explained about to try for conception soon and to report as soon as she will miss her period. She was in continuous follow up with us. She missed her period after nine months of surgery on 22/5/2016. Her urine pregnancy test was found positive. Her intrauterine pregnancy was confirmed by sonography at 8 weeks of gestation. Then she lost follow up in between. She came for checkup at around 28 weeks and scan was done which showed single intrauterine live pregnancy with cephalic presentation at 29 weeks with adequate liquor. She came at 36 weeks of gestation for routine checkup. She came in labour on 11/2/2017 at around 11 a.m. With cervical dilatation of 5-6 cm. and delivered normally a healthy male child of 3 kg at 1.12 p.m. Her postnatal period was uneventful. She came in follow up after 45 days.

DISCUSSION

Tubal recanalization is a microsurgical technique which needs significant training and expertization in handling the tissues meticulously. The success depends on patience, perseverance, and perspiration on the part of the surgeon. In recent years, increasing number of couples of lower age and lower parity have begun to request for sterilization. When these couples experience the death of a child or if they divorce or remarry following death of husband, they may wish to be able to have another child. The availability of microsurgical recanalization procedures would bring hope to those in need of these services and would improve the confidence of clients who are acceptors of voluntary sterilization.

CONCLUSION

The gynecologist must use an effective technique of sterilization to minimize the failure rates, but at the same time, which causes minimal trauma, and aim at preserving the length of the tube so that reversal is more likely to be successful, should the patient's circumstances change.

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