

# Iatrogenic Visceral Injuries following D&C

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## ABSTRACT

A retrospective analysis of 64 patients presenting to surgical emergency of surgical Unit-IV of Mayo Hospital over a period of 2½ years to highlight the details of visceral injuries associated with abortion done by untrained personnel. Patients presented with the features of peritonitis and under went laprotomy. Intra operative findings included uterine perforation, small and large-gut injuries and ureteric injury. There were three deaths.

**Keywords:** Abortion, Complications.

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## INTRODUCTION

Worldwide some 20 million unsafe abortions take place each year and account for approximately 13% of all maternal mortality and serious complications associated with it<sup>1</sup>. In contrast to this deaths from abortion, are almost unknown (.4/100,000) in countries where abortions are available on request<sup>2</sup>.

Dilatation and Curettage is the most common method of terminating pregnancy. It is associated with complications. The situation is even more alarming here as most of the abortions are done by untrained personnels like LHV's and Dais.

The aim of the study was to find out determinants of induced abortion, presentation management of complication and to evolve some preventive measures.

## PATIENTS AND METHODS

This is a retrospective study carried out in Surgical Unit-IV of Mayo Hospital Lahore over a period of 2½ years. Total number of patients was 64. All the patients were resuscitated initially and later on laprotomy was done.

## RESULTS

A total of 64 patients age ranging from 18-45 years were treated over a period of 2½ years. Most of the patients were married except few who denied any history of pregnancy or intervention but later admitted about illegitimate pregnancy and induced abortion. Most of the patients were induced by LHV and Dais in unhygienic condition and only few by doctors. The patients presented with the features of peritonitis, prolapse of gut from vagina, shock and renal failure. Details of injury and surgical procedures done are shown in Table I+II.

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Complications included chest infection, wound infection, dehiscence, intra abdominal Abscess.

Table I: Details of Injury.

Injury	%age
Isolated uterine injury	15
Small bowel injury	42.18
Small & large bowel	31.25
Uterine injury	1.56

Table-II Operative procedure

Operation	%age
Colostomy	31.25
Repair of SI perforation	46.84
Resection anastomosis of SI	26.54
Ureteric repair	1.56

## DISCUSSION

Uterine perforation and bowel injuries are the major complications after unsafe abortion. The reason for these complications is that most of the abortions are done by untrained personnels i.e. Dais and LHV in very unhygienic conditions. Sepsis is the main cause of morbidity which ranges from minor genital tract infection to severe septicemia and septic shock<sup>3</sup>. Due to our social and religious factors there is a criminal delay in referring these patients which complicates the situation and leads to irreversible shock and multiorgan failure<sup>4</sup>. Reason for these injuries is the use of sharp instruments<sup>5</sup>.

During D+C, either posterior fornix or uterus is perforated and when patient strains small gut and sigmoid colon being mobile come out through perforation and are injured<sup>6</sup>. As the operator who is untrained Dai cannot recognize this injury/ perforation of uterus the bowel which herniated through the perforation is injured. At times, they nibble portions and large segments of bowel.

Other organs like bladder and ureter may also be injured. One of our patient had ureteric injury and ureter was avulsed at pelvi-ureteric junction.

Complications do occur while doing D&C in hospital but in a supervised environment the dreadful complication of bowel injuries are less common<sup>7</sup>.

For the prevention of uterine and bowel injuries during abortion it is important that it should be done by trained personnel. Complications should be recognized earlier so that surgical intervention could be done. It is important to educate people so that that they go to trained person of any problem, improve moral standards, family life education.

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