MATERIAL AND METHODS
MATERIAL AND METHODS

Mid trimester termination of pregnancy with extra ovular 0.1 percent emcredil was carried out in 150 cases at M.L.B. Medical College & Hospital, Jhansi during period of April, 1990 to April, 1991. All patients were between 12-20 weeks of gestation.

All patients seeking mid trimester abortion were hospitalized after having been assessed from O.P.D. Assessment of the patients included a detailed history, careful physical, systemic, abdominal and bimannual pelvic examinations alongwith certain relevant laboratory studies such as haemoglobin estimation and urine analysis.

Dose schedule:

Ethacridine lactate (0.1%) - 10 c.c. per week of gestation with maximum of 150 ml.

The patient was asked to empty her bladder. Local part preparation was done. No medication was administered. Instillation of the reagent was done in the operation theatre without any anaesthesia. The cases were divided into three groups.
Group A:

In 50 cases routine extra-amniotic instillation of 150 c.c. of emcredil was done by conventional method (Control group).

Group B:

In 50 cases modification was carried out by addition of 20 units of oxytocin to 150 c.c. of emcredil which was instilled extra-amniotically.

Group C:

In 50 cases 150 c.c. of emcredil instilled extra amniotically and these cases were further augmented by I/V syntocinon infusion.

Procedure:

The patients were advised to empty her bladder and then put in lithotomy position. Under all aseptic precautions, the perineum was cleaned. Cervix was exposed by Sim's speculum and the anterior lip of cervix was held with volsellum. No dilatation was done. A sterilised Foley's catheter (No.16) was introduced through the cervical canal into the uterine cavity, between the uterine wall and the foetal membranes. After inserting high up in the uterine cavity, the bulb of the catheter was inflated with 10 to 15ml
of saline. The catheter was gradually pulled down till
bulb was tightly wedged in the lower segment to block
the internal cervical os. After making sure that there
was no bleeding through catheter the end of it was
occluded by sponge holding forceps to facilitate easy
injection and to prevent back flow. The emcredil was
injected with the help of a syringe and a needle by a
needle puncture in the catheter. The outer end of catheter
was tied and kept in situ. If there is bleeding through
catheter after introducing it than lower end of catheter
was tied for one hour. If there is no further bleeding
than emcredil was instilled. If there was still bleeding
than only I/V syntocinon drip was administered.

In the patients of Group B, 20 units of oxytocin
was added with emcredil to extra amniotic space. The patients
were carefully monitored for vital signs and any untoward
side effects. In patients of Group C, oxytocin drip of 10
to 20 units with progressive concentration was administered
in 500 ml of 5% dextrose intravenously, over variable period
to accelerate the process of abortion.

Comparison was made between these methods regarding
instillation abortion interval, completeness of abortion and
need of pitocin drip for abortion. Time interval from the
injection of emcredil to expulsion of the foetus was recorded as the induction abortion time. Intravenous pitocin drip was started in patients who did not abort after 48 hours of instillation, and also in patients with incomplete abortion. Procedure was repeated in patients who failed to abort even after 72 hours of initial instillation.