

CORRESPONDENCE

FOREIGN BODIES IN THE VAGINA AFTER CHILDBIRTH

Dear Sir

Retained vaginal foreign bodies after childbirth is a perennial medico-legal problem and judgment has invariably been for the plaintiffs.¹⁻³ The incidence of such foreign bodies like swabs and sanitary towels being left in the vagina after delivery was recently reported from Penang as 2:45,164 deliveries;⁴ at the University Hospital, Kuala Lumpur, from July 1982 to August 1984, 13 such cases were encountered or 1:980 deliveries, which is 22 times as frequent. Even this must be an underestimate as cases which may have been treated elsewhere were not included; small items like swabs and cotton wool could also have been discharged in menstrual or lochial flow without being recognised as such.

Diagnosis was usually delayed (Table I); only one (case 12) was detected before discharge from hospital, during resuture of episiotomy. This delay is not surprising as there were no specific symptoms, the most common of which was a malodorous vaginal discharge which the woman could confuse with lochia. Other symptoms included sensation of a vaginal mass in three women and fever in two. Two women had menstruated (cases 4 and 10), and one of them had already had sexual intercourse without realising anything amiss.

In four cases, episiotomy repair had been performed by a junior medical officer; one houseman was responsible for two cases while six different housemen were responsible for one each. It would appear that a lack of awareness of this problem and ignorance of procedures were contributory.

TABLE I
SUMMARY OF 13 CASES WITH RETAINED FOREIGN BODIES AFTER CHILDBIRTH

Case	Postnatal stay (d)	Foreign body	Delivery-detection interval*
1	2	tampon (x2)	7d
2	2	tampon	3d
3	2	gauze	27d
4	3	tampon	4 mth
5	1	tampon	12d
6	1	gauze	10d
7	3	gauze	4d
8	7	gauze	42d
9	4	tampon	22d
10	3	tampon	8wk
11	1	cotton wool	8wk
12	3	tampon	1d
13	1	tampon	6d

* d—day; wk—week; mth—months.

Inculcating the proper attitude and clinical approach in attending staff must therefore be considered the *sine quo non* of prevention. Nevertheless, one lecturer was responsible for a case in which the patient had a caesarean section following failed forceps delivery (case 8). Banning the use of absorbent material during episiotomy suture^{4,5} is obviously impractical but small swabs or cotton wool should not be used as these are difficult to detect, especially when they are soaked with blood. In cases of doubt, vaginal examination though uncomfortable or even painful to the patient should be carried out. No other

preventable factors were found: the 12 vaginal deliveries were uncomplicated and there was only one woman with a third stage complication (haemorrhage).

⁴ Lim E B. Ban on use of swab rolls after delivery. *New Straits Times* 1984; September 6: 3 (col 2).

⁵ Anonymous. Sanitary towel left inside woman. *New Sunday Times* 1984; September 2: 9 (col 2).

REFERENCES

¹ Medical Protection Society, London. Retained swab after episiotomy repair. Annual Report 1983; No. 91: 21-22.

² Medical Defence Union, London. Retained sanitary towel. Annual Report 1983; pp. 24.

³ Medical Defence Union, London. Retained swab. Annual Report 1975; pp. 27: 1978; pp. 32.

Yours sincerely

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