

# Female sterilisation by culdoscopy

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THE NATIONAL FAMILY PLANNING BOARD purchased a full laparoscope set and under the supervision of Dato (Dr.) Ariffin, it is being used for female sterilisation operations at the Maternity Hospital. In December 1970, under the auspices of the Ford Foundation, Dr. Alfonso Gutierrez Najar, director of the culdoscopy training course, Hospital de la Mujer, Mexico, visited the Maternity Hospital, Kuala Lumpur, and gave a lecture cum demonstration of female sterilisation by the culdoscope (vaginal) method. The method used at the Maternity Hospital is a modification by Dato (Dr.) Ariffin and Dr. Johan Thambu (1, 2, 3) of Dr. Najar's method.

## Selection of patients

The operation was offered to those requiring female sterilisation as part of the family planning services of the N.F.P.B. and the Maternity Hospital. The operation was done free of charge. The patient was admitted the day before the operation but if she was from Kuala Lumpur, she was admitted on the morning of the operation. The following procedure was carried out:-

- (a) Written consent for operation is taken from the patient and her husband.
- (b) A full clinical examination, including a vaginal examination, is carried out to ex-

clude any gynaecological tumours, infection and endometriosis.

## Pre-operative preparation

A simple enema was given on admission and the vagina prepared by dettol douching. The bladder was emptied before the patient was sent to the operation theatre.

## Anaesthesia

The operation was carried out under local anaesthesia and intravenous sedation of pethedine and largactil.

- (a) Pre medication: This consisted of intramuscular injection of Atropine gr. 1/150, 50 mgm Pethedine and 50 mgm Largactil given one hour before the operation.
- (b) Anaesthesia: This consisted of 50 mgm of Largactil and 50 mgm Pethedine diluted in 10 c.c. of distilled water and given at the time of the operation. For local anaesthesia, 1% Liguocaine was used for infiltration into the posterior fornix of the vagina.

## Instruments

- (a) The laparoscope (or culdoscope) with the fiber

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glass connecting cable to the Downs light source projector.

- (b) Long handled Plamer's forceps.

### Operative Procedure

The patient was placed on the knee chest position on the operating table with the knee joint at right angles. The perineum was cleansed with dettol solution and the dressing towels applied. The cervix and vault are exposed by a Sims speculum. A volsellum was applied to the cervix and pulled down. Local anaesthesia, Liguocaine 1% was injected into the vault. A trocher was used to puncture the vault and this puncture hole was enlarged to 1 cm. to allow the laparoscope or culdoscope to be inserted into the peritoneal cavity. The laparoscope/culdoscope was attached by the fiber light transmitting cable to the light projector; using a Palmer forceps, the Fallopian tubes were clamped and brought out into the vagina. The tubes are tied with linen or nylon sutures. The opening in the vagina was closed with a figure of 8 catgut suture.

### Post-operative care

The patient was conscious during the operative procedure and as such, there are no problems during

the post-operative period. The patient was allowed to take food immediately and she was discharged home the next morning. The following advice was given:-

- (a) Avoid sexual intercourse for two weeks.
- (b) Come up to the Gynae. Clinic in four weeks for follow up.

### Conclusion

We have found this method to be simple and very effective. The patients are very pleased with the operation as they have no abdominal scar and are able to go home within 24 hours after the operation. The operative procedure takes only about ten minutes and we have had no complications. The culdoscope method of sterilisation is being offered as part of the family planning services of the National Family Planning Board and the Maternity Hospital.

### References

1. Johan Thambu and Ariffin Marzuki, March (1971) Bulletin Keluarga No. 3.
2. Johan Thambu and Ariffin Marzuki May (1971) submitted for publication to the Far East Medical Journal Hongkong.
3. Johan Thambu and Ariffin Marzuki submitted for presentation to the Fifth Asian Congress of Obstetrics and Gynaecology, October 1971 Djakarta.