AN OPERATION FOR THE PRODUCTION OF STERILITY

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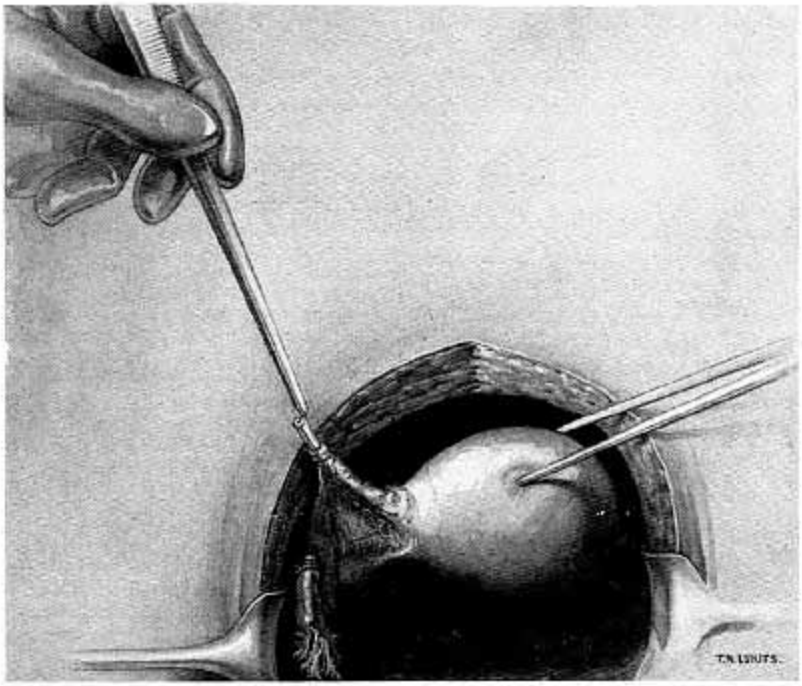
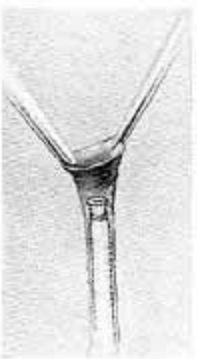
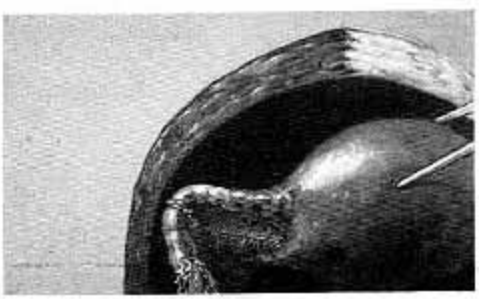
IT is occasionally important to sterilize a woman without removal of any of the organs. Simple tying, section or exsection of the tube as recommended by Blundell in 1812, is quite inadequate as the lumen of the tube becomes readily re-established. Abolition of the tubes, a wedge-shaped section being removed from each uterine cornu including the tubal mucosa, is safe. Also division of the tube and the cut ends covered with broad ligament is considered safe.

During the past ten years I have used successfully the operation to be described. I have had







opportunity to observe the result of the procedure many years after it was performed and on each occasion there was no attempt by the tube to re-establish itself. In favor of this method is the fact that the tube can be made patent again by salpingostomy or end-to-end anastomosis.

This operation can be done rapidly and I believe secures sterility in 100 per cent of the cases. There is only a small portion of the ovaduct removed. It is based on a sound surgical principle. Crushing out of the mucosa thereby doing away

with the endothelial cells, bringing in contact the ribbon of connective tissue, gives to us a condition most favorable to healing and minimizes the possibility of the endothelial cell regeneration and the consequent re-formation of the duct. It is quite true and is keenly recognized that the operation of election in any surgical condition is the one that gives the most to the patient. I simply present my experience in the management of this class of cases, and the method I have used.

Operation. Infiltration or general anæsthesia. The abdomen is opened by a suprapubic, median incision. The tube is delivered and held in a position to be easily handled. A No. 1 catgut is placed around a small area in the broad ligament including the blood-vessels supplying a limited part of the tube. The tube is then divided and a peritoneal cuff on the proximal end is turned back, the denuded muscle and mucosa is crushed in the bite of an angiotribe. No. 0 catgut ligature is applied in the crease, the cuff is brought over and a ligature applied. The distal end of the tube is ligated, and both ends approximated and the rent in the broad ligament closed. The relation of the structures now appear quite normal. The opposite tube is treated in the same manner and the abdomen is closed in the usual way. The operation can be done by the vaginal route. I have used it in the vaginal interposition operation for procodentia uteri.