

Session 2

SURGICAL CONTRACEPTION

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THE CURRENT STATUS OF FILSHIE CLIP FOR FEMALE STERILIZATION

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Since 1983 approximately 400,000 pairs of clips have been applied to women in 43 countries. According to choice, circumstance, and cost the clips may be applied by minilaparotomy and single or double puncture laparoscopy. The clips may be applied using local or general anesthesia.

Multicenter studies, particularly those supported by Family Health International, are confirming that the overall failure rate is approximately 0.45% (Pearl Index). When sub-divided into interval or postpartum cases, the results from interval application demonstrate a failure rate of 0.2 (Pearl Index) and the postpartum 0.9 (Pearl Index). The high rate of postpartum failure was related to operator error.

The Filshie clip is simple to use. Nevertheless, teaching programs in Germany using a plastic model have confirmed that some substantial improvements in accuracy of application occur during the learning procedure. Regardless of simplicity, all surgeons using the clip technique should be involved in a teaching program to minimize problems.

- 1) The clip should be placed over the ischemic part of the tube 1.1-2 cm from the cornu.
- 2) The whole tube should be encompassed by the clip.
- 3) If any doubt remains, a second clip should be placed on the tube.
4. If a tube is unusually enlarged, another method of tubal ligation should be adopted.

Reversal of clip sterilization is relatively easy as the lumens on each side of the clip are usually identical, thus facilitating re-anastomosis; an 80% success rate should be expected.

Acceptance of the Filshie clip in the United Kingdom is satisfactory; of the 70,000 estimated procedures annually (BMJ 1986), approximately 40,000 were performed using the Filshie clip.

SAFETY AND ACCEPTABILITY OF THE FILSHIE CLIP FOR TUBAL OCCLUSION IN THE POSTPARTUM AND INTERVAL PERIODS

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A prospective study was designed to offer voluntary surgical contraception to 200 clients using the Filshie clip for tubal occlusion at Provincial General Hospital, Nyeri, Kenya. The Filshie clip is introduced through the minilaparotomy approach to the abdominal cavity. In the study, which extended for one year from 1 March 86 to 15 March 87, a total of 183 clients received a Filshie clip through minilaparotomy. No pregnancy has been reported. There were no cases of tubal transection or hemorrhage.

The Filshie clip was found to be particularly adapted for occluding enlarged tubes in the postpartum period or in women with pelvic inflammatory disease. Tubal transection or hemorrhage did not occur in these women.

The application of the Filshie clip was found to be easier and faster than either the Pomeroy ligation or tubal ring.

The women in the study have not been exposed long enough to draw any conclusions about the risk of method failure or ectopic pregnancy, but to date no pregnancy has been reported.

VASECTOMY IN FRANCE AND IN ITALY

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In many European countries recent statutes have been adopted that make voluntary sterilization for family planning legal under certain conditions. This paper studies the trends in acceptance of vasectomy in France and Italy.

In France, voluntary sterilization is not specifically permitted, but is not forbidden by law. In Italy the article of the Penal Code prohibiting sterilization was abolished in 1978. Nevertheless, in 1982 a prosecution was initiated against gynecologists who performed vasectomies. After many years of criminal procedure, however, the legislative atmosphere is changing, as reflected in a 1983 resolution of the French National Medical Council of Physicians and in Court decisions.

24 THE EVALUATION OF AN AMBULATORY STERILIZATION FACILITY

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This facility was established one year ago at the University Hospital of Caracas, with the patronage of PLAFAM. 232 female sterilization procedures were performed; of these 228 women underwent laparoscopy and 4 minilaparotomy. The facility, the instrumentation and operative techniques are described. Details of the pre-operative counselling and preparation are presented. The use of local anesthetic and neuroleptic analgesia permitted a postoperative stay of 2-3 hours, which, with the short duration of the operative procedure, increased its ambulatory nature and low morbidity.

The characteristics of this ambulatory sterilization service, its advantages and shortcomings are described. Its value in the training of medical personnel in the provision of health care in family planning is emphasized, since this technique has much to offer in contraceptive programs.

25 STATISTICAL EVALUATION OF PREGNANCY RATES

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There are three methods commonly used to measure the risk of pregnancy: percentage, the Pearl Index and Life Table methodologies. Percentage has the advantage of being a common mathematical method of adjusting numbers so that a rate per 100 women may be calculated. The disadvantage is that it does not utilize time and cycle data. The Pearl Index includes number of pregnancies and cycle data, with an adjustment for time. While this index does accurately reflect the incidence of pregnancy, it can be misleading when the number of cycles is low and it ignores the other events that cause women to leave observation. The Life Table approach overcomes all these difficulties and also permits proper statistical comparison of contraceptive products or methods.