

Case Report

Missing needle during episiotomy repair

Authors

Joydeb Roychowdhury,

Associate Professor, Dept. Of Gynaecology & Obstetrics, NRS Medical College, 138, AJC Bose Road, Kolkata-70014, West Bengal

Balaram Samanta,

Associate Professor, Chittaranjan Sevasadan, Kolkata

Address For Correspondence

Joydeb Roychowdhury,

Associate Professor,
Dept. Of Gynaecology & Obstetrics,
NRS Medical College,
138, AJC Bose Road,
Kolkata-70014, West Bengal
E-mail: rcjoydeb@gmail.com

Citation

Roychowdhury J, Samanta B. Missing needle during episiotomy repair. *Online J Health Allied Scs.* 2007;3:4

URL

<http://www.ojhas.org/issue23/2007-3-4.htm>

Open Access Archives

<http://cogprints.org/view/subjects/OJHAS.html>
<http://openmed.nic.in/view/subjects/ojhas.html>

Submitted Jun 26, 2007; Accepted Dec 17, 2007; Published Jan 24, 2008

Abstract:

Breakage and missing of the episiotomy needle is not uncommon occurrence at the hands of the junior doctors. Retrieving it from deeper tissue planes following its migration can be a challenging task.

Key Words: Episiotomy, needle, migration.

Introduction:

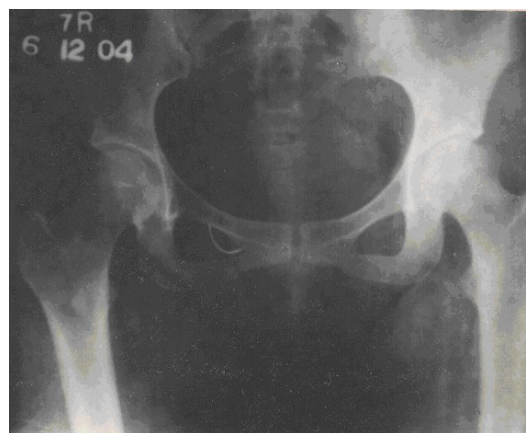
In the UK alone, approximately 1,000 women per day will require perineal repair following vaginal birth.(1) Pain associated with perineal trauma can be very distressing for the new mother and may interfere with her ability to breast feed and cope with the daily tasks of motherhood. It also appears to have a clear causal association with sexual dysfunction and ultimately may affect the woman's relationship with her partner. Episiotomy needle missing after it breaks during repair is quite a common experience amongst the junior doctors and trainees. This sometimes results in serious morbidity to the patient. Recovering the missing needle becomes a real problem as the needle migrates to a distant place through tissue planes. Hosli has reported one case of lost needle during episiotomy detected after 20years and removed. (2)

Case

Report:

The patient was admitted at NRS Medical College, Kolkata on 6.11.2006 with a history of a missing needle during episiotomy repair following childbirth on 17.10.2006 at Chittaranjan Sevasadan Hospital, Kolkata. She was P₁₊₀, married for 1½ years. She delivered a female baby by forceps at 4am on 17th October, 2006. During episiotomy repair, a needle was broken and embedded in the perineum which could not be traced after 2 hours try. On the very next day, the consultants detected the presence of the needle on X ray and ultrasonography. They searched for the needle again under general anesthesia but could not trace it. The patient was referred to our college after 3 weeks with all reports and case sheet. On examination, the patient was symptomless but looked pale, exhausted and apprehensive. The episiotomy wound was bleeding, edematous and on naked examination, no needle could be seen or felt through the tissues. The repeat X ray identified the presence of the needle. The investigations showed her hemoglobin at 7gm% and she was transfused 3 units of blood. On comparison between the films,

it appeared that the needle had been displaced into a different place. The operation was arranged under fluoroscopic guidance along with a general surgeon on 15.11.2006. The patient and her relatives were sympathetically counseled because of the prolonged suffering and explained why it was difficult to trace the needle because of its possible migration through the fascial layers.



X-ray film showing the missing needle

During the operation, the episiotomy wound was extended further upwards and deeper to trace the possible site of its migration. The ischio-rectal fossa was also opened to look for the needle. On per rectal examination, needle could not be palpated for its possible attachment to the rectal wall. Under fluoroscopy, the needle appeared at much higher and anterior position. One artery forceps was pushed through the anterior vaginal wall along the paraurethral region and the needle could be felt and grasped by the forceps under fluoroscopy as high as behind the symphysis pubis. The tissue was incised over the forceps and the needle was exposed and removed from the area behind the symphysis pubis through the anterior vaginal wall. It was a round-body needle with 3/4th curve broken from its eye. The needle which was supposed to be in the area along the posterior vaginal wall migrated through the subvaginal tissue anteriorly behind the symphysis pubis. The posterior vaginal wound was repaired. The operation lasted for more than an hour. The patient was transfused 2 units of blood and kept for 7 days in the postoperative period under antibiotic cover. The wound healed well and the patient was discharged on 22.11.2006.

Conclusion:

The missing broken needle during episiotomy repair is possible particularly in the hands of the house-surgeons and could be retrieved immediately in most of the occasions. But sometimes the problem of retrieving this foreign body becomes a real challenge as was in this case. Therefore one should be very careful during repair, particularly when working in a deeper and higher plane to avoid this harassment which is also difficult for the patient's relatives to accept and can easily become a legal issue.

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