THE SYMPTOMATIC SEQUELAE OF SYMPHYSIOTOMY *

A FOLLOW-UP STUDY OF 100 PATIENTS SUBJECTED TO SYMPHYSIOTOMY

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Altogether 151 symphysiotomies have been performed in the University Obstetric Unit at the McCord Zulu Hospital over the past 4½ years. The incidence of the operation has been 1·4% and the perinatal mortality 19 per 1,000.** Complications in the mother have been few and have responded spontaneously or following conservative therapy.

In this study an attempt has been made to assess the symptomatic sequelae of the operation by a follow-up of our first 100 consecutive symphysiotomies. This follow-up has proved successful in 87 cases, which form the basis of the observations made.

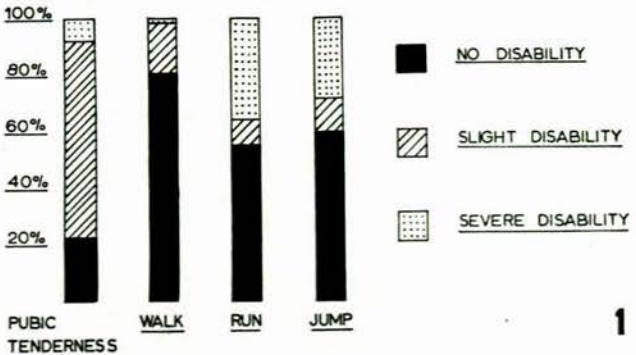

Fig. 1. Assessment of disability in the 2nd week after symphysiotomy.

RESULTS

Postoperative Recovery

Patients were first assessed for disability between the 9th and 15th days after delivery. After this assessment

* Based on a paper presented at the 43rd South African Medical Congress (M.A.S.A.), Cape Town, 24 - 30 September 1961.

** One other neonatal death occurred in a case where the operator failed to find the joint space and was obliged to resort to a caesarean section. A successful symphysiotomy might have saved this baby.

78% were discharged. This implies that they were fit to travel by bus and walk a considerable distance. The degree of disability found at this stage is depicted graphically in Fig. 1. In short — 80% of patients could walk normally, 55% could run, and 60% could jump without pain.

The presence of backache and stress incontinence was admitted on direct questioning in only 2·5% and 2% of patients respectively.

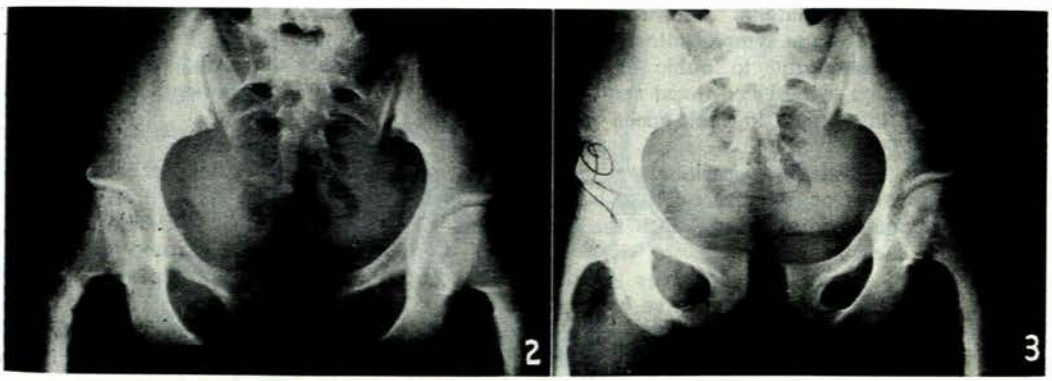

Fig. 2. Post-symphysiotomy radiograph in the erect position, with patient standing on both legs.
Fig. 3. Post-symphysiotomy radiograph in the erect position, with patient standing on one leg.

Examination of the Symphysis Pubis after Symphysiotomy

Palpation. Once the initial tenderness had disappeared mobility of the joint could, in most cases, be readily detected. With the thumb on the symphysis pubis and the index finger in the vagina, mobility was detected as hip movements were performed. The joint had the texture of a strong fibrous band.

Histological examination of a biopsy taken at caesarean section in a subsequent pregnancy showed: 'Collagenous connective tissue containing a few vascular channels'.

Radiological examination demonstrated varying degrees of persistent separation. Radiographs taken with the patient standing on one leg confirm the clinical finding of mobility. Figs. 2 and 3 are typical of the findings in patients who have undergone symphysiotomy.

Immediate Complications

Complications of the operation prolonged the convalescence of 14 patients. All recovered with minimal residual disability; in 2 of these, however, serious disability persisted for a long period before resolving.

The immediate complications were as follows:

1. *Haematoma of the pubic area* (2 cases). This caused severe temporary pain and tenderness.

2. *Osteitis pubis* (1 case). This — our first symphysiotomy — was the only instance in which the open method was used. Pus discharged through the wound, but the sinus had closed by the 34th postoperative day, when the patient left hospital. Subsequent vaginal delivery occurred without pubic pain or other complications.

3. *Fracture of the pubic ramus.* This was accidentally caused by forceful abduction of the thighs, when we were still using Zarate's technique. The patient was discharged, walking well, on the 28th day, and a year later delivered a smaller baby spontaneously. Two-and-a-half years after 'symphysiotomy with pubiotomy' she complained only of pain in the symphysis pubis in cold weather, and occasional cramps in the right leg and thigh.

4. *Severe sacro-iliac pain* occurred in one case. There was a suggestion of pre-existing hip disease in postpartum radiographs, and interrogation confirmed that there had been hip pain during the latter months of pregnancy. Two months after delivery the patient was symptom-free, and had no recurrence in a subsequent pregnancy.

5. *Pain and difficulty with ambulation* incapacitated 8 patients for 3 - 4 weeks. The specific cause of their difficulty was not determined. One patient was severely disabled for 9 months, but recovered completely after a subsequent pregnancy.

6. *Stress incontinence* (1 case). The incontinence was mild and improved with perineal exercises. During a subsequent pregnancy there was a transient recurrence.

Disabling Complications Arising after Discharge from Hospital

1. *Retropubic abscess* (1 case). Four weeks after delivery the patient returned completely disabled. During examination an abscess in the retropubic area ruptured vaginally and recovery occurred within a week.

2. *Severe sacro-iliac pain* (1 case). This developed shortly after the patient left hospital. It interfered with the duties of a rural woman and has persisted for 3 years. In spite of a second pregnancy, however, there has been

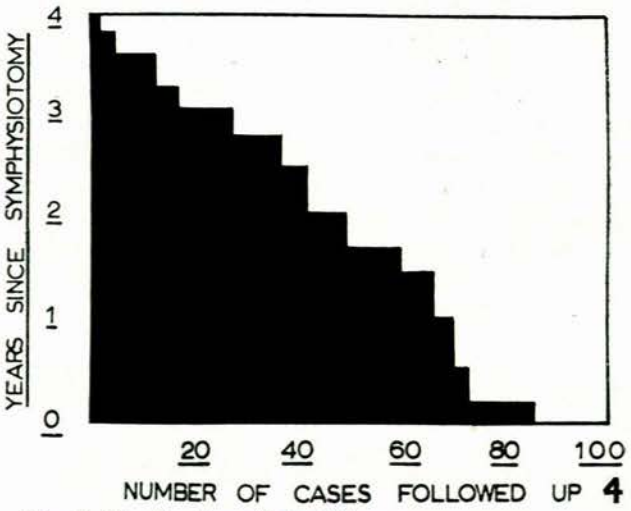

Fig. 4. The duration of the follow-up.

steady improvement, and at present her only disability is intermittent mild pain in the sacro-iliac region.

3. *Severe pubic pain in pregnancy* (1 case). The patient was perfectly well until the seventh month of her subsequent pregnancy, when she developed pain over the symphysis pubis and in the right hip. She became unable to walk and hospitalization was essential. During labour the pain was severe, but by the tenth postpartum day the patient was able to run, jump and walk with ease.

The Duration of the Follow-up

Of the series of 100 patients, 49 have been assessed 2 years after symphysiotomy, and for 25 of these the most recent assessment was made 3 - 4 years after the operation. Thirteen patients could not be followed-up after they left hospital. Of these, 9 had been quite well, and 4 had had minor symptoms at the time of discharge.

The proportion of patients who were followed-up and the interval between symphysiotomy and their most recent assessment are represented in Fig. 4.

Owing to the great difficulty in following-up African patients it was decided (in some cases) to accept reports given by their husbands or close associates, whom I questioned most carefully. The majority of these patients had, in addition, been interviewed and examined on at least one previous occasion after discharge from hospital.

Minor Symptoms

At their most recent assessment 29 patients complained of various minor symptoms. These, however, did not interfere with their day-to-day activity. In all, 58% of patients complained, at some time, of one or more of these minor symptoms, which were as follows:

1. Pain in the symphysis pubis.
2. Groin, hip and thigh pain.

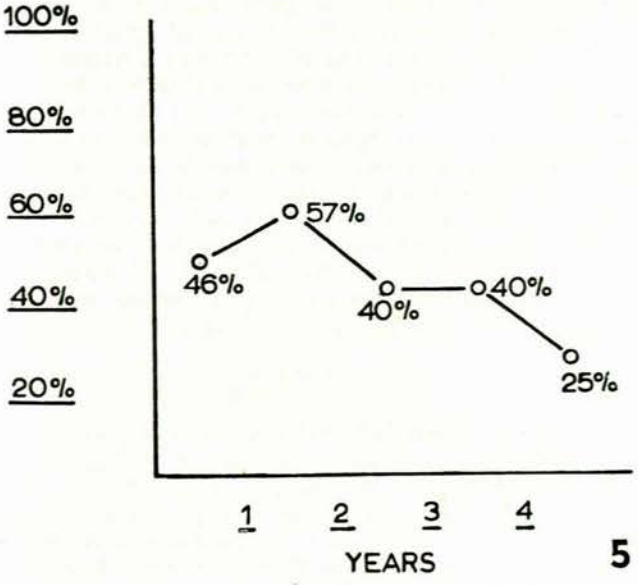

Fig. 5. The incidence of symptoms related to the interval since symphysiotomy.

3. Backache, including sacro-iliac pain.
4. Stress incontinence.

Discomfort was continuous in only a few cases. In the majority it was associated with one specific factor, such as cold weather, walking a long distance, carrying a market basket, balancing a heavy weight on the head, scrubbing floors, grinding corn, and subsequent pregnancy.

Three facts were noted with regard to these minor symptoms:

1. The incidence was higher when the patient resumed household duties than at the time of discharge from hospital.

2. In the majority the symptoms became less severe and resolved completely with the passage of time.

3. Symptoms tended to be aggravated by a subsequent pregnancy. (Of the 100 patients, 49 have had one or more pregnancies since symphysiotomy.)

The steady decrease in the incidence of symptoms as the interval after symphysiotomy lengthens, despite the high incidence of pregnancy, is illustrated in Fig. 5.

The Incidence of Minor Symptoms in a Control Group

The high incidence of minor symptoms called for a comparison with a control group of parous women who had not been subjected to symphysiotomy. Thus, 87 women who were attending our antenatal clinics were questioned about these minor symptoms, with reference to those occurring during pregnancy, and those persisting in the interval between pregnancies. The women in the control group were of parity equal to the symphysiotomy patients, and had had unassisted vaginal deliveries.

A sharp increase of symptoms during pregnancy and with increasing parity was noted in the control group. Admittedly this was only a preliminary study and should be repeated in more detail on a large series of cases. The incidence of symptoms in the groups — those who had had symphysiotomy and those who had not — was found to be almost identical.

In the symphysiotomy group 58% had minor symptoms at some time in the follow-up period or in a subsequent pregnancy, whereas in the control group the incidence was 60%. Thus it seems probable that the incidence of minor symptoms in the symphysiotomy patients falls within the average incidence of comparable symptoms in parous African women.

SUMMARY AND CONCLUSIONS

1. An 87% follow-up study of 100 consecutive cases of symphysiotomy is reported, and 49 patients have been followed-up for 2 years or more.

2. Disabling sequelae occurred in 6 patients. Five are known to have recovered, and only 1 could not be followed-up.

3. Minor symptoms occurred in 58% of cases at some time during the follow-up period. Pubic, groin and hip pain were the commonest minor symptoms. The incidence of backache and stress incontinence was insignificant.

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Symptoms became progressively less severe with the progress of time.

4. The incidence of minor symptoms was found to be similar in a control group of parous women who had not undergone symphysiotomy.

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