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We had devised new surgical procedures to treat vesicouterine and cardinal ligaments in so-called sub-extended hysterectomy in order to enough clean those ligaments and to reduce postoperative functional disorders of bladder.

Lymphadenectomy in the pelvic cavity and lateral half part of the cardinal ligament adjoining pelvic wall was performed by using aspiration canula, so that could be conserved the pelvic nerves and the deep uterine veins branched to bladder. After resection of the anterior part of the vesicouterine ligament and removal of ureter towards lateral, the posterior part alone was separated, resected and ligated. Inner half of the cardinal ligament adjoining the cervix was divided into cervical and vesical sub-ligaments; the former was clamped at the diverging point, separated and ligated. Following other procedures were done as same as with extended hysterectomy.

While radio-opaque medium that was preoperatively injected in cervix and dispersed into cardinal ligament was seldom removable on conventional sub-extended hysterectomy, it could be removed by this new method like extended hysterectomy. The days required for first urination and for diminution of residual urine under 50 ml were significantly reduced by this new methods.

96. Studies on Uterine Contractile and Cervical Ripening Effects of a PGE₁ Analogue (ONO-802)

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A new PGE₁ analogue, 16,16-dimethyl-trans-Δ²-PGE₁ methyl ester (ONO-802), was found to have a specific uterine contractile effect. Its abortifacient effect was studied clinically.

In a basic experiment using pregnant rats, ONO-802 stimulated uterine contraction only at the 1/100 dose of PGF_{2α}, causing no abnormal contractile curve.

ONO-802 showed a stimulatory action on the suppressed uterine contractile curve caused by indomethacin or β₂-stimulant, but was ineffective on ver-

apamil.

In a comparative experiment on the extensibility of the uterine cervix of pregnant rabbits at term, ONO-802 exhibited a stronger extensive effect than PGF_{2α} or DHA-S.

Clinical evaluation of abortifacient effect of ONO-802 vaginal suppository resulted in the success rate of 83.7% in the first trimesters (n=190) and 89.6% in the second trimesters (n=386).

Side effects such as diarrhea, nausea, vomiting, pyrexia and facial flush occurred in 15.3% of the first trimesters and in 18.4% of the second trimesters.

An excellent abortifacient effect of the PGE₁ analogue (ONO-802) was evident.

97. Sexual Response after Hysterectomy

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A total of 214 patients who had undergone total hysterectomy were asked to answer a specially designed questionnaire. Those patients who had undergone bilateral oophorectomy, had no partner or who had gotten a high score in the Lie Scale were excluded from this sample.

Out of 171 patients, 67 patients (39.2%) complained of a deterioration of sexual desire. Coital frequency was found to have decreased in 65 patients (38.0%), while 80 patients (46.8%) stated that coital frequency had either not changed or had improved. Vaginal lubrication was seen to decrease in 79 patients (46.2%) and to increase or remain unchanged in 72 patients (42.1%).

In general, the deterioration of the sexual response after hysterectomy increased in older patients.

98. Epidural Morphine and its Modified Method to Relieve Pain in Labor (300 Cases) and Postsurgery (500 Cases)

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The efficacy of epidural morphine (M) as an obstetric analgesic is about 25%, while 78% for pain relief of postsurgery. We attempted to increase the rate of efficacy and prolong analgesic time.

"Pain Relief in Labor"

In 150 patients (pts.) 3 mg (M) in 10 ml 0.9% saline, 50 pts. in 10 ml 5% glucose solution and 100 pts. 15 mg pentazocine (P) in 10 ml 0.9% saline were given in the epidural space. The efficacy in obstetric analgesia did not increase in either way in the first stage of labor. But in the second stage of labor, the addition of small amount of bupivacaine produced complete analgesia for more than 10 hrs. Several obstetrical indexes were unchanged. We determined the maternal and umbilical serum levels of (M) resulting from the epidural administration of (M) using RIA. The patient receiving 3 mg/60 kg had a peak serum level of 44.4 ng/ml, while 22.2 ng/ml in umbilical blood at 70 minutes postinjection. The earliest appearance of (M) is in 11 minutes and the latest in 960 minutes. No babies demonstrated respiratory depression. APGAR Score, values of blood gas and neurobehavioral scores (Scanlon) were all within normal limites.

"Pain Relief in Postsurgery"

In 260 patients 2-10 mg (M) in 10 ml 0.9% saline, 60 pts. in 5% glucose solution, 80 pts. in 10% glucose solution were given. In 20 pts. 0.1 mg fentanyl (F) and in 80 pts. 15 mg (P) in 0.9% saline were given. The efficacy of analgesia is 19 hrs. in (M) (2-4 mg), 28 hrs. in (M) (5-10 mg), 5 hrs. in (P) and 4 hrs. in (F). Decubitis of buttock was made in 2 cases of 80 pts. administered 10% glucose solution. The mean peak serum level in the pts. receiving 2 mg/50 kg was 36.6 ng/ml at 30-60 minutes postinjection and declined to 11.7 ng/ml at 270 minutes. The addition of droperidol to (M) prolonged analgesic time, but not epinephrine.

99. A Comparative Study on the Results of Macro- and Micro-Surgeries of Tuboplastic Operations: Patency and Pregnancy Rate, and Scanning Electromicroscopic (SEM) Findings

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Two hundred tuboplastic operations in our university hospital since 1974 to 1980 were as follows, a) macrosurgery 162 cases, b) microsurgery 38 cases, and 1) salpingostomy, 2) tubal-anastomosis, 3) salpingolysis.

Post-operative patency rate were examined by in-

sufflation test and hysterosalpingography (HSG); pregnancy rate were traced for 1 to 7 years consecutively.

Pre-operative HSG findings, histological images of occluded portion and post-operative pregnancy rate were studied.

We taxed our ingenuity to improve tubal anastomosis in animal experiments, using different types of threads, number of stiches, macro- and microsurgical methods. Portion of anastomosis were examined using SEM afterwards.

Post-operative patency rate and pregnancy rate after macrosurgery were as follows; salpingostomy 56.7%, 13.3%, tubal anastomosis 28.6%, 0%, salpingolysis 62.1%, 20.7%, and after microsurgery; salpingostomy 74.1%, 22.2%, tubal anastomosis 63.6%, 27.2% respectively.

From HSG findings: Twenty percent of post-operative pregnancy rate were obtained from small and localized hydrosalpinx cases but zero percent from large and expanded hydrosalpinx cases.

From SEM and histological findings: conditions of ciliated cells of end salpinx varied diversely depending on the past tubal disease, which, in turn, produced a powerful influence on the post-operative pregnancy rates.

100. End-to-End Anastomosis on the Use of a Fibrinogen-Thrombin-Adhesive-System during Fallopian Tubal Transplants

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Recent advances in gynecological microsurgery have made some but not all tubal origin infertility problems amenable to surgical intervention and treatment. Alternate approaches include in vitro fertilization first reported by Steptoe, however, this approach leaves philosophical, socio-legal and other problems such as traumatic damage to the zygote and potential genetic problems to be solved. We used as our model subject mature New Zealand white, female, rabbits. All the biologic materials in our adhesive system were rabbit derived to minimize immunohistologic rejection.

Of the 10 rabbits on which we performed end-to-end anastomoses of the Fallopian tubes we achieved 8 pregnancies in both uteri, one rabbit died and the remaining rabbit showed patency of the tubes, but did conceive. Following delivery of the fetuses, we investigated the tubes under a scanning electron microscope