29. Removal of intrauterine contraceptive in situ in early pregnancy with flexible hysteroscopescope (HYS-F or HYS-FT) and follow up until delivery

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According to Dr. Tatum H. J., et al.: the incidence of spontaneous abortion more than doubled when the IUD remained in utero. The chance of a livebirth being premature was four times greater when the IUD remained in situ that when it was removed. Besides, a certain number of authors have tried their best to remove IUDs in early pregnancies before suction curetage, and they can’t follow up after D & C. So the policy at our hospital, in cases where a woman wishes to continue a pregnancy that has occurred with an IUD in situ, is to remove IUD as soon as possible.

**materials and methods**

From November 1986 to November 1988, we have experienced 20 cases. The gestational ages ranged between 5, 4 and 13.8 weeks. Each case was examined with sonography and HYS-F or HYS-FT (Fujinon). By hanging normal saline at 50-60 cm high, we can float IUD off uterine wall and blastocyst surface, to increase spaces for IUD removals. We used ring retractor or some other forceps to remove IUD after HYS-F examination. And we used HYS-FT to examine and with its equipped forceps to remove IUD when HYS-FT was developed.

**results**

There were 14 successful removals, in 5 of which IUD threads were visible at cervical canal and in 9 of which IUD threads were invisible (including 2 cases of Ota-ring); 3 cases showed IUD false-positive echoes and hysteroscopy was more reliable in this situation. 3 removals had to be given up as each of pregnancies was near or over 12 gestational weeks and IUDs were displaced to fundal area. Kinds of removed IUDs are Ota-ring: 2, Nova-T: 5, Cu-7: 2 and Cu-T: 5.

In result, 18 healthy children have been born. For the other 2 cases, follow ups were done only up to 38 and 22 weeks and had to be given up because patients moved away, no complications were encountered during or after the procedure.

**conclusions**

(1) Examinations of early pregnancy uteri with HYS-F or HYS-FT are feasible. They bring no bad effects whatsoever to either pregnant women or fetuses.

(2) The shorter the gestational week is, the easier the removal becomes.

(3) It is a great help in dilatation of uterine cavity with normal saline as it makes an IUD slightly float off uterine wall and blastocyst surface, allowing enough room for the IUD removal.

(4) HYS-FT equipped with forceps plays an important role in the removal of IUDs in early pregnancy.