

DILATATION OF THE CERVIX

Dilatation of the cervix, while a small operation, is one of considerable importance, as it forms a part of many gynecological pro-



FIG. 851.—Instruments for dilating the cervix. 1, Garrigue's speculum; 2, sponge holder; 3, tenaculum; 4, uterine sound; 5, Goodell dilators; 6, Fritsch-Bozeman return-flow irrigator.

cedures. Thus it may be required as a preliminary to exploration of the interior of the uterus, intrauterine irrigations and applications,

curettage, and to secure sufficient dilatation for the extraction of retained secundines following an incomplete abortion. Dilatation of the cervix is also employed for the cure of dysmenorrhea and sterility dependent upon cervical stenosis. The operation should always be performed under all aseptic precautions and after the position of the uterus and the condition of the appendages have been first determined by bimanual examination. Pelvic peritonitis, pelvic abscess, pyosalpinx, etc., are contraindications to dilatation, unless the procedure is to be immediately followed by operative treatment of these conditions.

There are two methods of performing dilatation: (1) Gradual dilatation by means of sponge, laminaria, or tupelo tents, and (2) rapid dilatation. The former method, besides being painful, is no longer looked upon with favor on account of the dangers of infection and will not be described.



FIG. 852.—Hegar's graduated dilators. (Bandler.)

Instruments.—A self-retaining speculum, a sponge holder, two bullet forceps, a uterine sound, two pairs of Goodell's dilators (a small and a large size), and a Fritsch-Bozeman return-flow irrigator are required (Fig. 851). Some operators prefer to employ graduated sound dilators, such as Hanks' or Hegar's (Fig. 852), in place of the glove stretcher form of dilator, as producing less laceration of the cervical tissue.

Asepsis.—The instruments are boiled in a 1 per cent. soda solution for five minutes and the operator's hands are thoroughly cleansed.

Position of Patient.—The patient should be in the lithotomy posture.

Anesthesia.—While the operation may be performed under local anesthesia by infiltrating the cervical tissue with a 0.2 per cent. solution of cocain or a 1 per cent. novocain solution, and inserting a pledget of cotton saturated with a 4 per cent. solution of cocain into the cervical canal, general anesthesia will be found preferable in the majority of cases.

Preparations of Patient.—The bladder and bowels are to be empty. The hair is shaved or closely cut from the labia and the external genitals are washed with soap and water followed by a 1 to 2000 bichlorid solution. The vagina is then washed with soap and water by the aid of a swab on a sponge holder and this is followed by a douche of 1 to 5000 bichlorid.

Technic.—The speculum is introduced into the vagina and the anterior cervical lip is seized by bullet forceps and is drawn toward



FIG. 853.—First step in dilatation of the cervix. The cervix exposed and drawn down by a tenaculum.

the vaginal orifice (Fig. 853). The cervix is then swabbed with a 1 to 2000 bichlorid solution. A sound is next introduced for the purpose of determining the direction of the uterine canal, and this is important in order to avoid perforating or otherwise injuring the uterus with the dilators in case of a retrodisplacement or a sharp ante-flexion. The small size Goodell dilator is then inserted into the cervix, carefully manipulating it past any obstruction from the internal os, but above all *avoiding the use of any force*. With the instrument through the internal os the dilators are gradually expanded, first in one direction and then, after rotation of the instrument, in another,

until a moderate amount of dilatation has been obtained, when the large size dilator may be substituted. The dilatation is thus continued, the operator being guided as to the force he may exert by the amount of resistance offered by the cervix, until the cervix has been sufficiently stretched for the purposes of the operation.

At the completion of the operation the uterus is irrigated through a Fritsch-Bozeman double-flow tube. Following the operation the patient should remain in bed three to four days during which time a



FIG. 854.—Second step in dilatation of the cervix. Shows the method of dilating by means of Goodell's dilators.

daily vaginal douche of warm 4 per cent. boracic acid solution or sterile water is given.

Dilatation by means of the Hegar style of dilator is comparatively simple. The cervix is exposed and drawn down as above, and then, beginning with the small ones, successive larger sizes of the dilators are inserted into the cervix (Fig. 855), lubricating each sound with sterile vaselin before its introduction. In using the smaller sized sound great care must be observed against making a false passage in case any obstruction is offered by the internal os.

When dilatation is performed for sterility due to stenosis, some operators follow the operation by introducing into the cervix a hard-rubber stem, such as is shown in Fig. 856, for the purpose of maintaining the dilatation. The stem is from 22 to 25 French in size and is

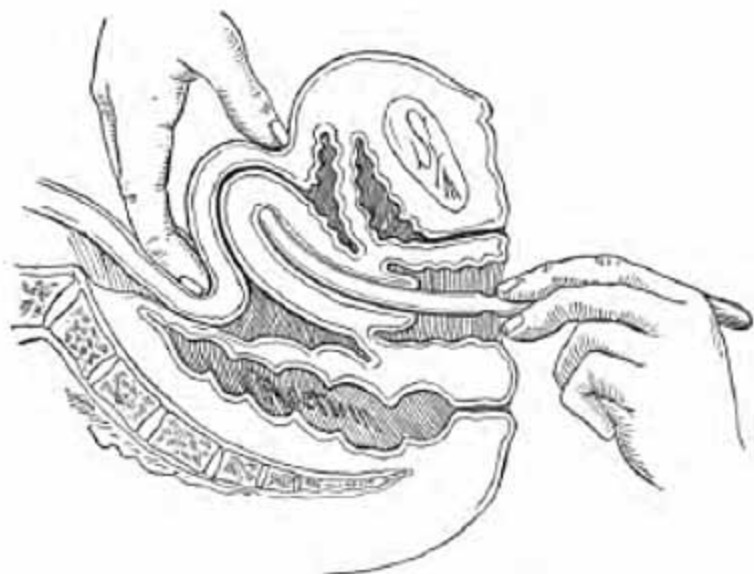


FIG. 855.—Showing the method of dilating the cervix by means of the graduated dilators of Hegar.

provided with a groove upon its lateral wall for the escape of discharges. It has this objection, however, that it is liable to irritate the cervical lining.



FIG. 856.—Intrauterine stem pessary. (Bandler.)