August 1957

The Falk Procedure

Thomas J. O'Donnell

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
THE FALK PROCEDURE

Thomas J. O'Donnell, S.J.
Regent, Georgetown University School of Medicine

The FALK procedure is described as a cornual resection of the fallopian tubes in the presence of recurrent salpingitis due to recurrently exacerbating gonorrheal infection. The infection is implanted from below, invading by way of the cervix and reaching the tubes by direct extension along the endometrium of the uterus, and it is believed to be self-limited in the tubal area. The purpose of the Falk procedure is to break the uterine-tubal pathway, to prevent the possibility of any subsequent tubal pregnancy. This would clearly be a case of direct contraceptive sterilization.

The operation as described above evidently does not envisage the suppression of the generative faculty, precisely as contraceptive, either as a means or as an end, since its sole purpose is to divide the pathway of a migratory infection, and its prophylactic value is in no way enhanced by its contraceptive result.

Moreover, the fact that the procedure is designed merely to limit the field of growth of the disease presents no moral problem, since this can properly be done even in the case of a disease which is not itself diseased, to say nothing of a disease which is itself a pathological site of infection. Moreover, the fact that reinfection by no means depends on renewed sexual contact, but the gonorrheal focus can be a constantly smouldering infection in the cervix, with periodic flare up into endometritis. As the infection again travels along the uterine endometrium and into the tubal area, it is not confronted with just an infected set of fallopian tubes, but the angry tube becomes occluded and distended, and the purulent exudate may escape from the distal end, giving rise to acute pelvic peritonitis and pelvic abscess, as well as adhesions at the site of the adjoining pelvic structures, or between these and the small intestine, sigmoid, and rectum.

91

In such a situation the tube is so occluded that the patient nearly always is, or soon will be, sterile; and still subject to further pelvic devastation by the recurrent infection.

Since the therapeutic and prophylactic effect of the Falk procedure is to isolate the infected tubal area, allowing the self-limited infection to subside and breaking the pathway to reinfection, and since whatever contraceptive result there may be (if the lumen of the tube still has any patency) will only be anticipating a soon to be expected sterility due to infection-occlusion: there is evidently an acceptable proportion between the good effect and the evil effect, from the moral viewpoint.

As regards the other requirement of the principle of double effect: that the good effect cannot be reasonably achieved in some other way, without the concomitant evil effect; it must be pointed out that antibiotic therapy has not been dramatically effective against the sophisticated gonococcus. Antibiotic therapy, in the circumstances described above, would be, to say the least, a much less effective and secure way of combating the particular situation; while adding little or no hope for sufficient patency of the tubal lumen to achieve fertility.

In view of these considerations we would say that the Falk procedure is definitely not a directly contraceptive sterilization and that when it is gynecologically indicated the surgeon may safely proceed, from a moral viewpoint, under the principle of double effect.