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Editorial

LAPAROSCOPIC STERILIZATION IN CAMPS

Population Explosion is acknowledged all the world over as a Universal Phenomenon. Female sterilization by Laparoscopic method is one of the effective efforts to arrest this catastrophy progressing at geometric progression.

Arriving latest on the scene of weaponry available in this country on a nation wide scale to control this outburst is laparoscopic sterilization. But it has been the subject of dispute among the operators in keeping with the trend to oppose anything new especially in western countries these experts expressed a pronounced septic look at this modern method. As the problem is at its most acute stage in oriental countries the medical profession allowed it a try and found it to be the most suitable solution to their all compassing problems.

In India, where the majority of the population belongs to the rural areas, 'laparoscopic sterilization' camps on nation-wide scale is the best answer to today's need. These camps are usually held over the week-end holidays and approximately 200-400 females are sterilized within a couple of days. For greater success, the laparoscopic sterilization satisfies the minimum acceptability criteria at various levels i.e. (1) the surgeons, (2) the organisers, (3) the patient, (4) the administration.

To the surgeons well trained in this technique it is chosen due to its reliability, low failure rate, minimal complications, speed, minimal anaesthesia required, restriction of the number of instruments, minimal time wastage in sterilizing the instruments, financial involvement and nominal pre- and post-operative care.

As far as the organisers are concerned, motivation is easier in rural areas towards laparoscopic sterilization. Availability of sufficient space for accomodation of patients in pre- and post-operative periods is not a great difficulty, since the hospital stay of the patient is of the least duration. They can deploy local assisting staff for the continuous supply of sterilized gowns, gloves and accessory instruments. Light and water supply do not pose a problem as the scope has its own light source and sterilization problems are less. As far as publicity is concerned initial door-to-door campaign is essential. Later on news

media, mobile advertisement vehicles, banners and posters are enough.

The patient is the most important factor. She favours this method due to its speed, small scar with a single absorbable suture, quick recovery short hospital stay and most of all early ambulation and almost immediate resumption to routine work. Hence its mass appeal is enormous.

Administration involves the government machinery at various levels. They have certain doubts regarding its implementation which have to be allayed. Fears based on the out dated idea of the use of cautery and associated high incidence of complications is one such doubt. The change to the use of mechanical occluding devices should remove this bias. Another hurdle is the non-availability of sufficient trained personnel and expertise, such a scarcity is a fact. To solve this problem teaching institutions, at central and state Government level as well as obstetric societies in the country can take up this challenge. The increase in the number of laparoscopic training programme can provide more trained expertise. The greatest obstacle, however, is financial. The initial cost of the scope is substantial as compared to mini-laparatomy equipment. Even then considering the magnitude of the population problem a priority in the budget can ease the situation.

A regular follow-up is a must to a successful laparoscopic camp, the numbers matter no doubt but the quality of performance must be equally stressed. The Indian Council of Medical Research has also been interested in the field of Laparoscopic Sterilization in camps. In particular they have projects to evaluate the complications and failure rate in well-planned follow-up. In rural areas follow-ups are maintained with the help of Primary Health Centre set ups. Over 80% of the follow-ups have been through home visits by Health visitors and doctors. Although the follow-up projects have not been fully completed so far, the conclusions derived from them tend to prove the safety and efficacy of these methods. These findings also quell the doubts raised by the western experts regarding the safety and efficacy of laparoscopic camp sterilizations.

A laparoscopic sterilization camp has a place even in the urban set up. But its sphere is limited by the urban sophistication itself.

Since minimum tubal damage is caused in laparoscopic sterilization, if need occurs at a later date, recanalization has greater success.

The laparoscopic camp has a direct approach to the rural masses who form the majority of the total population. Therein lies its supreme utility as an ideal method which cannot be over emphasised.

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