LAPAROSCOPIC STERILIZATION IN TRIBAL WOMEN

by

VEDAWATI PRASAD

and

R. N. JHA

SUMMARY

Speedy technique and immediate resumption of daily routine following laparoscopic sterilization has definite awakening among tribal women for the family planning.

Tough and stout abdominal wall requires special attention of the surgeon while passing the verress needle.

Intestinal loop obstructing the field require adequate volume of air in the peritoneal cavity as well as extra head down tilt of the patient on the table.

Thickened and inflammed fallopian tube sometimes needs extra pair of falop rings.

Laparoscopic sterilization a very suitable procedure for camps has attracted our tribal women to adopt this method of family planning. Tribal women rarely come for tube liagation because of their strict adherence to normal schedule day to day work. This speedy technique and immediate resumption of daily routine has invited them in camps.

Material and Method

During laparoscopic sterilization in the different camps of Bhagalpur and Santhal Paragana. Division of Bihar a total of 5500 laparoscopic sterilization were done during 6 month time. Out of that 1210 tribal women submitted to laparoscopic sterilization were studied with respect to their abdomino-pelvic anatomy and pathology.

Observation

Out of 5500 laparoscopic sterilization, 1210 were tribal women, whereas in tubectomy camp out of 460 cases only 7 were tribal (Table I) during the same period.

Tribal women attending our camps were varrying between the age group of 30 to 40 years where as age group of non tribal women varies between 25 to 35 years only.

TABLE I

Abnormality Seen in Tribal Women

Abnormality	Nos.	%
Stout and tough abdominal wall	786	65
Overcrowding of loops of intestine	121	20
Thick and friable fallopian tube	98	8.1

From: Department of Obst. & Gynec., B.M.C.H., Bhagalpur.

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TABLE II
Complication Seen in Tribal and Non-Tribal Women

Types of Complication	Tribal Nos.	Nos. 1210%	Non-Tribal Nos.	Nos. 5500%
Unsuccessful laparoscopy	12	1	30	0.5
False tract of verress	60	5	25	0.45
Surgical emphysema	48	4	29	0.53
Perforation of viscera (gut)	10	0.9	32	0.6
Acute pelvic inflammation	6	0.5	11	0.2
Post-operative fever	5	0.4	40	0.7
Wound infection	18	1.5	40	0.7
Failure of sterilization	2	0.2	27	0.5

Abdominal contour of the tribal women were little different from other women as deposition of fat was above the level of navel. Below that abdominal wall presented undue resistance and in 60 cases false tract by verress needle leading to surgical emphysema. In 4% extra care was needed to manipulate the verress needle and reach the peritoneal cavity. Obstruction to the field occurred in 221 cases due to intestinal loops as if extra coils of intestine were there, but in fact it was distended loops of intestine, as chronic amoebiasis and worm infestation is a common phenomenon among them. In the presence of crowded loops of intestine surgical access to the fallopion tube is assisted by adequate volume of air (not more than 2 liters) in the peritoneal cavity as well as extra head down tilt of the patient on the operating table.

In 98 cases tubes were chronically inflamed as they were dull looking as well as more thickend and friable. In 25 cases they broke while negotiating the falop ring and the broken end started bleeding. Under these circumstances two separate rings were required for the broken ends separately.

Table II demonstrates that the complication of laparoscopic sterilization is definitely more in tribal women than in non tribial except failure rate, as chronic salpingitis is a frequent occurrance among them.

Discussion

22% of tribal women adopted laparoscopic sterilization whereas 1.5% tribal women adopted coventional tubectomy. Among the tribes elderly women adopted this method may be due to late awakening.

Worm infestation are known to be very common among tribes. This may be the reason of distended loops of intestine. Tribal women are very fond of using herbal medication either systemic or local, this may be the reason for chronic salpingitis and less failure rate.