LAPAROSCOPIC STERILISATION IN RURAL AREAS

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SUMMARY

Sixty eight mini camps of laparoscopic sterilization were attended and total 1233 sterilizations were performed. 97.5% cases were operated under local anaesthesia with premedication and 0.65% required general anaesthesia.

Complication rate of 6.08% is also low. Mortality was nil in the present series.

It is proved beyond doubt that female sterilization by laparoscopic method is playing a vital role in family planning programme today. It is popularly known as 'Without stitch' operation in rural areas. The present study was undertaken in rural areas where there is a lack of adequate facilities e.g. lack of operation table with facility for head low position, frequent electricity failure, lack of vital drugs (pethidine for premedication), congested and over crowded wards.

Material and Methods

Laparoscopic camps were conducted from December 1981 to March 1983. These camps were held in rural areas at various primary health centres, subcentres, civil dispensaries in Aurangabad, Jalna and Parbhani Districts. Sixty eight camps were conducted during 16 months of study. Total one thousand two hundred and thirty three cases were operated by bilateral application of silastic bands through single puncture laparoscope. In addition, 64 minilaparotomy sterilizations were done by Pomeroy's method as patients opted for that particular method.

Multiparous women desiring laparoscopic sterilization selected for study were either regularly menstruating or having lactational amenorrhoea. Postnatal cases three weeks after delivery were also included in the present study. Laparoscopic sterilization was not performed in early postnatal periods (prior to three weeks) or concurrent with medical termination of pregnancy as facility for M.T.P. was not available at most of the places.

Routine history, general, systemic and vaginal examinations were carried out in each and every woman.

Observations

One thousand two hundred and thirty three cases were operated by laparoscopic method in sixty eight camps. Minimum

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number of cases operated in a camp was 3 and maximum 96, cases with an average of 18 cases.

Majority of operations were done under local anaesthesia by 1% xylocaine infiltration at the site of puncture alongwith premedication of pethidine 50 mg and phenargan 25 mg intravenously. In 23 women procedure was undertaken under only local anaesthesia without premedication. In 4 patients general anaesthesia was necessary as a supplement. The necessity of general anaesthesia supplementation in these 4 patients was due to ventral hernia, trapping of air in the mesentery obstructing the view, dense adhesions and tuberculous abdomen.

Out of 1233 cases in 5 the procedure had to be abandoned and subsequently laparotomy was carried out. The reasons for failure were: preperitoneal air preventing entry of trocar in abdomen, air trapped in mesentery projecting as a bulge occluding the view, dense adhesions around tubes and ovaries and tuberculous abdomen, tube was bisected during the application of band and needed laparotomy for haemostasis and atrophic uterus and tube gave difficulty in visualization.

Intraoperative, immediate and late postoperative complications were encountered in 75. Overall complication rate in the present series was 6.08%.

Complications encountered during and after the operation.

1.	Subcutaneous emphysema	21
2.	Perforation of uterus	22
3.	Local sepsis	20
4.	Transection of tube	3
5	Rectus haematoma	2
6.	Vaginal bleeding (required observation)	2
7.	Genital sepsis	1
8.	Pelvic abscess	1
9.	Generalized peritonitis	1
10.	Pregnancy	2
		75

There were no deaths in the present series. However, risk can not be ruled out especially if proper technique is not followed. Mortality is usually due to intraoperative complications like major vessel injury, embolism and cardiorespiratory arrest. Herbert and Peterson (1982) reported 8 deaths in 100,000 cases. Failure of laparoscopic sterilization was seen in 2 cases, during one year of follow-up.

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Reference

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