

Abstract

The course in laparoscopy for diagnostic and operative procedures in gynecology, part of a training program in reproductive health for medical personnel at the University of Nairobi, began in June 1979 at Kenyatta National Hospital in Nairobi, Kenya. Between its inception and February 1980, physicians attempted 85 laparoscopic sterilizations using tubal ligation technique (the Falope Ring). 4 patients underwent a minilaparotomy instead, due to complications, for a success rate of 95.3%. Physicians performed the procedure on an average of 15-20 minutes with 3-5 minutes used for attaching the rings. Only 3 of the laparoscopic patients and all of minilaparotomy patients required extra hospitalization. Most (87.1%) only required an overnight stay. 4.7% went home the same day as the procedure. The leading complaint at follow up (7 days after the procedure) was abdominal pain, but generally no medication was needed. Physicians detected wound infection in only 3 and prescribed only antibiotic treatment. Women's ages ranged from 23- 45 years. Even though most patients knew little to nothing about the procedure itself, they all knew that it was permanent and that it was what they wanted. Most women learned of sterilization from family planning clinics. Average parity was 6.4 (range 2-12). Prior to sterilization, 17.6% had never used any contraception, but of those that did, most used oral contraceptives (OCs) or OCs and Depo-Provera. The overwhelmingly leading reason for choosing sterilization was had enough children. This study showed that properly trained medical personnel can successfully perform laparoscopic tubal ligation using the Falope Ring and local anesthesia on an outpatient basis. The laproscator and other equipment must be adequately maintained for this technique to be successful, however