## Experience with laparoscopic surgery at the Aga Khan Hospital, Nairobi

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## **Abstract**

Objectives: To outline the experience of laparoscopic surgery at the Aga Khan Hospital, Nairobi, and to determine the acceptability and outcome of the various procedures undertaken laparoscopically. DESIGN:A retrospective case analysis. SUBJECTS:Four hundred and seventy eight cases of laparoscopic surgery were undertaken in Nairobi from May 2000 to May 2002 in the presence of the principal author, of these 408 cases (85.35%) were performed at the Aga Khan Hospital in Nairobi. A review of these cases and their outcomes are analysed and presented. EXCLUSIONS:Loss of client records, or follow up, all diagnostic procedures and all procedures performed at the three other private hospitals, namely; Nairobi Hospital, Nairobi Womens' Hospital and the M.P. Shah Hospital, have been excluded in this review. RESULTS: Minimal access surgery will in time find its place amongst the institutions in Kenya. In the last two years 408 cases were undertaken at the Aga Khan Hospital, Nairobi, involving a pool of 48 consultants obstetricians and gynaecologists and general surgeons. The case load increased from 7.0 cases per month in 2000 to 22 cases per month in 2001. Sixty four point four six percent of the patients spent one night in hospital, while 1.96% had conversion to laparotomy intraoperatively. Thirty nine point seven percent of the patients had no previous surgery. The surgical procedures performed included laparoscopic adhesiolysis (34.55%) and tuboplasty (17.89%) for primary or secondary infertility, 33 cases (8.08%) for the management of ectopic pregnancies, laparoscopic myomectomy (15.44%), ovarian cystectomy (16.91%), ovarian drilling (4.65%), laparoscopic assisted vaginal hysterectomy (15.19%) and total laparoscopic hysterectomy (2.20%). All cases were reviewed by the consultant pool one week after discharge. The major complications encountered included bladder injury (0.49%) and gut injury (0.73%). CONCLUSIONS: Minimal access surgery in gynaecology and general surgery is gaining remarkable ground worldwide and has tremendous potential in Kenya. It is evident that in trained hands, the common gynaecological operations and certain general Surgical procedures can be undertaken safely, laparoscopically. Minimal access surgery is acceptable to the patients and significantly favourable outcomes have been established in all the cases undertaken, thus far. Patient compliance has been excellent in this series.