

## **Abstract:**

A total of 1,521 clients undergoing voluntary surgical contraception via Minilaparotomy under local anaesthesia (L.A. Minilap) were prospectively followed up for early and medium-term morbidity. The commonest complaint was some degree of abdominal pain at 24.2%. Eight percent of these [corrected] reported that the operative pain was severe, but 92.0% reported minimal or moderate pain. The overall complication at 6 weeks was 4.1%, 17.5% of these were major and 82.5% minor, i.e. the rate for major complications was 0.7% and 3.4% for minor complications. There were no deaths. Female VSC via Minilaparotomy under L.A. is a relatively comfortable and easy procedure in well selected and counselled clients and carries minimal, usually non-recurrent morbidity. PIP: Kenya over the past two decades has had one of the highest growth rates in the world. 49% of married women aged 19-49 years, however, have completed their family size and do not wish to bear additional children. Under such conditions, one would expect to see significant demand for female voluntary surgical contraception (VSC) in existing parenthood and family planning programs. Many cultural, socioeconomic, and religious barriers, however, exist to its widespread adoption. Program delivery and safety issues are also of concern. The authors therefore investigated the safety of minilaparotomy female sterilization under local anesthesia in the simple, basic outpatient facilities of the Family Planning Association of Kenya, Thika Clinic. The clinic is a simple facility without anesthetic machine, major surgical equipment or drugs other than analgesics, lignocaine, and emergency drugs. All 1521 female clients undergoing VSC via minilaparotomy under local anesthesia between January 1986 and November 1991 were followed prospectively to assess the level of early and medium-term morbidity they experienced. The women were aged 19-50 years of mean age 33.9, 86.9% were currently married, and the mean parity was 6.8. 24.2% complained of abdominal pain, the most common complaint. 1.9% of all the women reported severe operative pain. There was a 4.1% overall complication rate at six weeks; 17.5% of these complications were major and 82.5% minor. There was therefore a 0.7% overall major complication rate and a 3.4% minor complication rate. There were no deaths. The authors conclude on the basis of these findings that female VSC via minilaparotomy under local anesthesia is a relatively comfortable and easy procedure in well-selected and counselled clients which carries minimal, usually non-recurrent morbidity.