

Safety issues in voluntary female surgical contraception: peri-operative complications.

Abstract:

PIP: Worldwide, voluntary surgical contraception (VSC) is among the most widely employed of family planning methods. Relatively few vasectomies have been reported in Kenya over the last decade, with VSC in the country referring almost exclusively to female sterilization. Several papers have surfaced on the acceptance and sociodemographic aspects of female sterilization in Kenya, but there is still a need for more research into safety issues and the quality assurance of female VSC. The authors therefore prospectively followed 1999 women undergoing VSC in Thika, Kenya, for intraoperative and early post-operative complications. Interview, physical examination, and peri-operative data were collected between January 1985 and November 1988. 1498 of the clients underwent tubal ligation by minilaparotomy under local anesthesia, 201 under general anesthesia, and 28 by laparoscopy, while 302 underwent tubal ligation concurrently with laparotomy for other surgical problems. There was a 30.2% overall complication rate for all cases, but 8.1% for minilaparotomy cases alone. 98.7% were minor complications, with small wound hematoma and wound sepsis being the most common manifestations. There was no early mortality directly attributable to VSC. The authors stress that VSC is a simple and relatively safe method of family planning which should be considered by couples who have achieved their desired family size