AN AUDIT OF GYNAECOLOGICAL ENDOSCOPY IN AN ASSISTED REPRODUCTION UNIT IN SUB-SAHARAN AFRICA

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ABSTRACT

Study Objective: 1) To describe the socio-demographic characteristics of patients requiring endoscopic services in an assisted conception centre. 2) To provide an audit of the unit by examining the procedures and complications related to them.

Design: A descriptive retrospective study covering a period of 12 months between January-December, 2007. During the study period, 100 patients had endoscopic surgeries at the Nordica fertility clinic, Ikoyi, Lagos.

Setting: N/A

Patients: N/A

Intervention: N/A

Measurements and Main Results: During the Study period, a total of 100 patients had endoscopic surgery and all case notes were available for analysis. All procedures were done by Consultant Gynaecologists with technical support from specialist in the UK. The mean age was 37.83 ± 6.26 years. Majority of the patients (60%) were professionals. 98 patients were married while 2 were separated from their spouse. Christianity was practiced by 92% of the study group; the remainder being muslims. The mean Body Mass index was 27.20 ± 4.38 kg/m². Secondary infertility was the commonest indication for endoscopy and accounted for about 68% of the study population. Other indications include primary infertility (12%), Ashermans syndrome (8%) and Endometrioses (7%). 58 patients had hysterectomy alone, 20 patients had laparoscopy alone while 22 patient had both laparoscopy and hysterectomy making hysterectomy the most commonly performed procedure. Complications following the procedures were minimal. 11% of the study population complained of post-operative pain managed by oral analgesics. 6% of the study population had haemorrhage post operatively with an average loss of about 350mls.
(Range100-1200mls). 1 patient required blood transfusion with 2 units of blood. The average duration of hysteroscopy was 12.3 ± 2.7 minutes. Laparoscopy on the other hand averaged 19.45 ± 6.97 minutes.

**Conclusion:** Gynaecological endoscopic procedures are not frequently performed in the tropics and are somewhat restricted to Assisted Conception Centres. Infertility seems to be the most common indication for gynaecological endoscopy. Complications resulting from the procedures are minimal and therefore safe in skilled hands