



**ORIGINAL RESEARCH PAPER**

**Obstetrics & Gynaecology**

**NSV OR TUBE LIGATION----- A BETTER APPROACH**

**KEY WORDS:**

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**ABSTRACT**

This study was carried out at NSV centre, Lok Nayak Hospital, Delhi. It was a retrospective analytical study. 2766 patients were taken into this study and comparison were done with tube ligation. It is found that NSV is better approach for sterilization.

**INTRODUCTION**

No-Scalpel Vasectomy (NSV) is a simple, gentle and elegant office procedure. NSV is comparatively faster, has a swifter recovery time. It is safer and can be virtually pain free. Some doctors even promote the term gentle vasectomy(1). It takes 5-10 minute time(1). With this the present study is aimed for a better approach for permanent sterilization nsv or tube ligation of either partner.

**METHOD**

The present study was carried out with 2766 men, who came for NSV during the period of one year. The data was tabulated and analysed. All the patients were taken in this study has completed their family and adult. Proper consent were taken.

**RESULTS**

The results of the present study indicate that the failure rate is .325% in NSV in trainee hands. The failure rate is .01% in best hands.

**DISCUSSION**

It is a permanent sterilisation operation done in the male where a segment of vas deferens of both the sides are resected and the cut ends are ligated(1). The down time is minimal, most men can get back to work after 48 hours.(2). NSV provides the quickest recovery time, lowest complication rate and least amount of pain.(2).

When the data was tabulated and analysed it is found that NSV is better approach for the sterilization method. Spontaneous recanalization rate after vasectomy is 1 in 2000.(4)

When comparing with the modified Pomeroy's method for tube ligation in female, the failure rate is .5% (3) and in Madlener method is 7%.(3).

NSV is less time consuming surgery. It has faster recovery due to less injury. Complications are very significantly less. The spontaneous recanalization (1 in 2000) is rare.(4)

Some form of occlusion of fallopian tube is the principle to achieve female sterilisation. Anaesthesia is required (general/spinal/local). Complication is comparatively more. Operative time is also more.

The NSV with ligation and excision is easy to learn and execute with negligible complication including failure. Doctors from peripheral hospitals can be trained effectively. It is effective, time saving and can be performed easily in rural camps.(5)

So, we can conclude that the NSV is more simple, suitable method for permanent sterilization comparing to tube ligation.

**REFERENCES-----**

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