Development of laparoscopic surgery in Mongolia

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WHO Scholarship
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Introduction

• The first laparoscopic cholecystectomy has been realised in 1994 in Mongolia

• Actually, at 6 mean hospitals of Ulaanbaatar, we perform laparoscopic surgery. (notably cholecystectomies)

• Currently, there are 6 laparoscopic units in Mongolia

• Since 2002, surgeons from USA, Korea and Switzerland begin to came in our country to give a enormous hand for development of laparoscopic surgery
Current issues

• Considering actual economic situation of Mongolia, we have some difficulties to set out the infrastructure to develop laparoscopic surgery

• Until today, there isn’t any surgeons specially trained for laparoscopic surgery and any systematic formation have been established

• Except the general surgery, there isn’t any laparoscopic approaches are introduced in other surgical branches (obstetrics, gynecology, urology, traumatology etc)
Requirements for developing laparoscopic surgery in Mongolia

• According to the literature and different international studies, we noticed several advantages in laparoscopic surgery (diminished post operative wound infections, improvement of the pain control after surgery, better esthetic aspects of the wound, reduced hospital stay in post operative period etc)

• Last year, we had carry out a cohort study on cholecystectomy by open approach versus laparoscopy
Cohort study on cholecystectomy (open vs. laparoscopy)

<table>
<thead>
<tr>
<th>index</th>
<th>approach</th>
<th>Open</th>
<th>Laparoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>total</td>
<td>3050</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>Wound infection</td>
<td>381</td>
<td>2</td>
<td></td>
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<tr>
<td>Person/month</td>
<td>31.75</td>
<td>0.16</td>
<td></td>
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<tr>
<td>Incidence rate</td>
<td>0.0039</td>
<td>0.016</td>
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</tbody>
</table>

- RIR : 4.1 (RIR >1)
- AR : 0.0121
Comparatives

- Hospital stay 7-20 days in open approach versus 1-2 days by laparoscopy
- Bedside cost is 6.7 USD/day/patient
- Material expenditure is about 45 USD/patient during his hospital stay (in case of any complications) by open technique and about 20 USD/patient by laparoscopic approach
Conclusions

• Introduction and further development of laparoscopic surgery in Mongolian surgical practice is demanded
• It is necessary to establish a national project for this proposal
• Create systematic training and formation system in Mongolia
• Search out supports and investments for our project
Thank you