Port-site tuberculosis following laparoscopic cholecystectomy

Dear Editor,

I read the article by Tauro et al.\cite{1} with interest. Port-site tuberculosis after laparoscopic surgery is a complication, which is reported mostly by authors of Indian subcontinent in various literatures. If the onus is on improper sterilization of instruments, can we take the blame that we are not maintaining the standard protocol of sterilization of laparoscopic instruments as compared to our Western colleagues? However rare the incidence may be, can a surgeon or a hospital be medicolegally harassed if one agrees that the main culprit is improper sterilization?

Regarding disposable laparoscopic instruments, it has been shown that they do not change the operative and postoperative outcomes, or infection rates as compared to reusable instruments, when strict rules for disinfection are followed after minimally invasive surgeries.\cite{2} Ironically, in a study from Germany, it was concluded that none of the reprocessed single-use devices were effectively cleaned or sterilized.\cite{3} Thus, it is imperative that apart from the surgeon, every staff should be well aware and well informed about the process of sterilizing/disinfecting laparoscopic instruments. Instrument design should allow easy dismantling and rinsing of internal parts. Insulating compounds hampers decontamination.\cite{4}

Finally, do we have an answer to this problem in Sterrad sterilization system, which exploits the synergism between peroxide and low-temperature gas plasma (an exited or ionized gas) to rapidly destroy microorganisms, or on the antimicrobial activity of a new disinfectant – glucoprotamin\cite{5} in the near future?

Presently, the glutaraldehyde test strip should be used to monitor the concentration of gluteraldehyde in a reused solution as it has been proven that the reused solution is still mycobactericidal for up to 56 days.\cite{6}

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