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Emergency Obstetric Hysterectomy; A Study of 26 Cases over A Period of 1 Yr in Jlnmch, Bhagalpur, Bihar

KEYWORDS: obstetric hysterectomy, morbidly adherent placenta, placenta praevia, rupture uterus, subtotal Hysterectomy.

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ABSTRACT *OBJECTIVES:-To study the cases of obstetric hysterectomy over a period of 1 yr (Jan 2015- Dec 2015) in JLNMCH (Jawaharlal Nehru Medical College & Hospital), Bhagalpur, to determine the incidence, indications & associated complications with a view to suggest way of improving outcome.*

METHOD- 26 cases of emergency obstetric hysterectomy performed during the study period were analyzed.

RESULTS- During the study period there were 26 cases of obstetric Hysterectomy out of 5081 deliveries giving an incidence of 0.5%. The Incidence of Hysterectomy following vaginal delivery was 0.2% and following caesarean section was 3% . >90% of pts were unbooked & maximum parity were in the age group 20-35 yrs (19/26). Common parity group was > 4. Majority were referred cases from rural PHCs and were due to injudicious use of oxytocin for induction of labour by local dais & untrained nurses. There were 2 maternal deaths in the study.

CONCLUSION- Emergency obstetric hysterectomy is a rare operation (1 in 200) in spite of intra-operative risk & post-op complications it remains a life saving procedure.

Introduction-
The operation of obstetric hysterectomy was originally devised more than 200 year ago as a surgical attempt to manage life threatening obstetric hemorrhage & infection. It is still a last resort to save mothers life. Proper timing & meticulous care may reduce or prevent maternal complications.

Material & Methods-
26 cases of obstetric Hysterectomy were performed over a period of 1yr from Jan 15- Dec 15

Results –
There were 26 cases of emergency Hysterectomy in 5081 deliveries during a period of 1 yr giving an incidence of 0.5%, >95% were unbooked cases with no priors antenatal checkups and only 4 % were booked. Youngest was 21 yrs old and oldest was 38 yrs. 7% belonged to parity 2 & 20% belonged to parity 3 & 73 % to parity >4.Post op complication were pyrexia in 4 cases, post op paralytic ileus in 2, Peritonitis in 2 & VVF in 1 case. There were 2 maternal deaths.

Table I. Indication of obstetric Hysterectomy

Statistical Data	Number
No. of deliveries	5081
No. of Obstetric hysterectomy.	26/5081
Indications of Obstetric hysterectomy.	0.5%
Indications of Obstetric hysterectomy, Following Vaginal delivery	0.2%, 8 / 4476
Indication of Obstetric hysterectomy, Previous Caesarian Section	18 / 605, 3%

Table II. Distribution of cases by parity.

Parity	No. of cases.
2	2
3	5
>4	19

Table III Distribution of the case by age

Age (yrs.)	No. of cases
20-25	07
26-30	11
31-35	06
>35	02
Total	

Table IV Indication for obstetric hysterectomy

Indication	No.
1. Rupture uterus	
- Oxytocin abuse	05
- Obstructed Labour	03
- Dehiscence of Caesarean scar	08
Atonic PPH	
Cesarean Section for prolonged labour	01
Vaginal delivery following prolonged labour	01
PPH d/t Pl. praevia	02
Perforation during MTP	02
Morbidly adherent placenta	
Post caesarean	01
With Placenta Praevia	01
Without Pl. Praevia	01
Extension of Uterine incision	01

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DISCUSSION:-

The incidence of emergency obstetric hysterectomy in my study was 0.5% which is much higher than that reported by others Indian authors. Gupta et al reported an incidence of 0.269%, kore et al 0.81% and Amboy et al 0.12%

In my study it is much higher because the Hospital is situated in rural area, most of the patients are referred patients and handled outside by local dais & untrained nurses. >90% are unbooked cases without prior ANC, and multiparous. Anaemia is also very common because of no ANC, poverty and illiteracy.

In my study the incidence of emergency obstetric Hysterectomy is 0.5%. Incidence of emergency obstetric hysterectomy following previous vaginal delivery is 0.2% & that following previous caesarean section is 3 %.

The higher incidence of emergency obstetric hysterectomy following caesarean section is because of the mismanagement of labour done by local dais & untrained nurses. In our locality there is rampant Incidence of oxytocin abuse in a very high dose.

The incidence of morbid adhesion of placenta is 3 in 5081 which is higher than that reported by Pal & Roy Chourodhry 1 in 4220, but corresponds to those reported by Prabhjot & Wadia 1 in 1375 deliveries.

Rupture uterus was the most common cause 16/26 i.e.61.5% for emergency obstetric hysterectomy. The incidence of rupture uterus is much higher than other studies. 20% reported by "Allahabadia & Vaidya "23% reported by" Praneshwari Devi et al" .This is due to rampant malpractice by quacks in our locality in our series.

In performing emergency obstetric hysterectomy, subtotal hysterectomy is often done because of the time factor in a moribund patient. But in case of placenta previa, total hysterectomy is usually required to remove the placental bed in the lower segment.

There were 2 maternal deaths in my case, one on the operative day, she was very anaemic & developed coagulation disorder died due to disseminated intravascular coagulation.Another patient died due to septicemia.

One case developed VVF on 13th post op day of subtotal hysterectomy for rupture uterus following obstructed labour.

Emergency hysterectomy is a last resort to save the life of mother though at the cost of her reproductive capability.

It is a radical procedure still it has a definite role in the management of life threatening obstetric hemorrhage or rupture uterus.

References:-

1. Sturdee OW, Richton OI. Cesarean and post- partum hysterectomy Brf obstet Gynecol 1986, 93: 270-4
2. Chew S, Biswas A Cesarean & post partum hysterectomy. Singapore Medical journal 1998, 39:9-13
3. Gupts S Dave A, Bandi G et al. Obstetric hysterectomy in modern day obstetrics (A review of 175 cases over a period of II year) Obstet Gynecol Ind 2001; 51;91-3
4. Kore S, Potwar S, Tomboli J et al. obstetric hysterectomy: Analysis of 34 cases. Obstet Gynecol Ind 2001, 51-94-6.
5. Ambiye VR, venkatraman V , Kudchadkhar DB et al. Hysterectomy in obstetrics Obset Gyneeol Ind 1998,48-46-9
6. Pal S K, Roy Chodhary NN- cesar ean hysterectomy. A review of 30 cases]Obstet Gynecol Ind 1985;35:829-31
7. Prabhajot K, Wadia BJ cesarean hysterectomy on the rise, a cousequeace of incred rate of cesauau seetion. # obset Gyneeol Ind 1994:44:889-93.
8. Allahabadia GV, Vadia P. obstetric hysterectomy (A review of 50 cases from January 1987 to august 1990, obstet Gynecol Ind 1991; 41:634-7
9. Sinha HH, Mishra Me hysterectomy for obstetric emergencies. Obstetric Gynecol Ind 2001;51:111-4