

# Changing trends of hysterectomy:-An observational study



## Medical Science

**KEYWORDS :** abdominal hysterectomy, vaginal hysterectomy, abnormal uterine bleeding, utero vaginal prolapse.

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### ABSTRACT

*This is a retrospective analytical study in which data of hysterectomy, done over a period from 2009 to 2012 collected , analyzed and compared in terms of no of hysterectomies performed in each year, indications and type of hysterectomy, the age and parity of patients, symptomatology and post operative events .The incidence of abdominal hysterectomy was increasing over other types from 2009 to 2012 (47.2%, 56%, 63.6%, 72.6%) respectively. More than 90% patients undergoing hysterectomy were multiparous. The percentage of patients belonging to age group of 31-50 years was increasing (85.6%, 92%,90%,89.2%) from 2009 to 2012 respectively .The incidence of abdominal hysterectomy for menstrual disturbances was increasing from 74% to 86% and that of post operative pyrexia( from 26 to 21%) and wound gaping(from 8 to 4.5%) was in decreasing manner. The average hospital stay was of 7 days.*

### INTRODUCTION

As a result of advance in knowledge and ever increasing range of therapeutic remedies at the disposal of operator, gynecological surgery has widened its scope considerably within recent years. Today hysterectomy forms one of the commonest surgery among all the major gynecological operations at our hospital affiliated to teaching institution. In the past hysterectomy was done only for symptomatology based organic disease of the uterus or adnexa. But over the last 25 years indication of hysterectomy have been liberalized due to availability of better diagnostic facilities, increasing incidence of PID, increasing awareness of associated disorders and women's attitude. This study is undertaken with a view to analyze type, indications ,acceptability to patient and doctor both and to analyze changing trends of hysterectomy over period of time at our hospital

### AIMS AND OBJECTIVES

- To analyze and compare the data in terms of no of hysterectomies, type ,indications, age of patients, symptomatology and post operative events from 2009-12.
- To review changing trends of hysterectomy.

**INCLUSION CRITERIA:** All the patients undergoing hysterectomy

**EXCLUSION CRITERIA:** Obstetric hysterectomy.

### MATERIAL & METHODOLOGY:

This is a retrospective analytical study comprising of data of hysterectomies performed from 2009 to 2012.

- The details of the individual case was prepared and studied according to the parameters compared.
- All the patients undergoing abdominal, vaginal and other types of hysterectomies were included in this study.

### OBSERVATION AND DISCUSSION

In this retrospective analytical study data of hysterectomy performed over 2009 to 2012 were collected , analyzed and accordingly results were drawn. It includes total 643 hysterectomies done over a period of 4 years. Among these 395 were abdominal 221 were vaginal and 27 were of other types.

Among these 125 were done in 2009(abdominal 59 ,vaginal 60), 126 were done in 2010 (abdominal 77 , vaginal 63 ),195 in 2011 ( abdominal 124, vaginal 67), 169 in 2012 ( abdominal 135, vaginal 50).

**TABLE 1- No. OF HYSTERECTOMIES**

YEAR	NO. OF HYSTERECOMIES
2009	125

2010	137
2011	195
2012	186

**TABLE 2-TYPE OF HYSTERECTOMY**

YEAR	AH	VH	VH & A/+P REPAIR	TLH	LAVH
2009	59	22	25	2	17
2010	77	45	15	0	0
2011	124	53	15	1	2
2012	135	35	15	1	0

Increasing incidence of abdominal hysterectomy is due to associated pelvic pathology like PID, fibroid, decreasing incidence of vaginal prolapse or surgeons preference. The gradual decline in the incidence of grand multipara and the increasing use of caesarian section has reduced the incidence of pelvic relaxation. (1)This trend of increase in the incidence of abdominal hysterectomy was statistically significant (p<0.05)

**TABLE NO 3.AGE OF PATIENTS**

AGE	2009	2010	2011	2012
21-30yrs	AHVH 1 2	AH VH 0 0	AH VH 0 1	AHVH 1 1
31-40yrs	35 18	36 22	76 20	62 15
41-50yrs	25 29	36 35	44 35	68 21
51-60yrs	0 9	3 4	14 22	7 7
Above 60yrs	0 6	0 5	0 10	22

In 2009 76%, in 2010 88 %, in 2011 89%, and in 2012 90% of patients were belonging between age groups of 31 to 50 years. Hysterectomy for fibroid, prolapse, endometriosis and other reasons showed a little trend with calendar period while hysterectomy for menstrual disturbances showed a increase with calendar time especially at ages 30-39 (2,3,4) which is statistically significant (p<0.05).

This correlates with study performed by M.P. Vesser, L Villard-Mackintos, KMS person, A coulter D yeater.

Majority of the patients were multiparous in both abdominal & vaginal group. Trends of hysterectomy showed strong co relation to parity that coincides with study performed by M.P. Vesser, Villard-Mackintos, KMS person, A coulterD yeate.

**TABLE NO4.**  
**INDICATION AND SYMPTOMS OF ABDOMINAL AND VAGINAL HYSTERECTOMY**

AH	Symptoms	2009	2010	2011	2012
	Menstrual disturbances	57	68	99	112
	Abdominal pain	3	4	2	1
	Leucorrhoea	3	0	0	1
	Lump in abdomen	3	5	5	4
	Backache	11	2	3	0
	Indications				
	AUB	28	40	78	94
	Fibroid	15	20	36	24
	Adenomyosis	12	13	11	15
VH	Chronic PID	2	0	0	1
	Ovarian tumor	2	5	5	4
	Others	1	1	1	1
	Symptoms				
	Something coming out p/v	30	30	36	41
	Backache	10	12	1	0
	Excessive menses	42	17	20	12
	Others	3	1	0	0
	Indications				
	Uterovaginal prolapsed	40	32	38	40
AUB	15	18	12	8	
Fibroid	5	8	1	3	
Others	2	1	2	1	

From 2009 to 2012 majority of vaginal hysterectomies were done for utero vaginal prolapse. It should be pointed out that abdominal and vaginal hysterectomy are not competitive operations but both have their own indications. Majority of abdominal hysterectomies were done for AUB and vaginal for varying degree of prolapse. But if signs and symptoms were associated with additional pelvic pathology than the abdominal route was justified. Something coming out p/v was complain in 35% of patients in 2009, 43% in 2010, 63% in 2011 and 65% in 2012 among vaginal hysterectomy. From 2009 to 2012 increasing no of patients presenting with menstrual disturbances makes AUB, an indication of abdominal hysterectomy in increasing no of patients. Most of the patients undergoing abdominal hysterectomies presented with more than one symptomatology. In 2009 74 %, in 2010 86%, in 2011 90%, in 2012 94 % of patients had complain of menstrual disturbances.

**TABLE NO5 POST OPERATIVE COMPLICATIONS;**

Complications	22009	22010	22011	22012
Haemorrhage	11 %	0.8%	00.7%	00.7%
Shock	0 0 %	00%	00%	00%
Urinary complications	00.5%	00.6%	.0.5%	00.50%
Pyrexia	226%	24%	23%	221%
Wound complications	88 %	55%	4.5%	44.5%
GIT complications	110%	%8%	88%	77.9%
Anaesthetic complications	77%	66.5%	77%	77%

The decreasing incidence of pyrexia and wound complications from 2009-12 is due to proper preoperative evaluation and selection of patients, good nutritional status , better antibiotic coverage and improved surgical practices over period of time. The decreasing incidence of pyrexia and wound gaping is statistically significant ( $p < 0.05$ ).

#### Abbreviations:

AH; abdominal hysterectomy

VH: vaginal hysterectomy

TLH: total laproscopic hysterectomy

LAVH; laproscopy assisted vaginal hysterectomy

AUB; abnormal uterine bleeding

PID; pelvic inflammatory disease.

#### SUMMARY AND CONCLUSION

Present study includes 643 hysterectomies performed over a period of 4 years from 2009 to 2012. The incidence of abdominal hysterectomy has increased significantly over other types, no of patients belonging to age between 31-50 has significantly increased. Incidence of AUB showed an increasing trend as an indication for abdominal hysterectomy over other indications. The incidence of post operative complication like wound gaping and pyrexia has significantly decreased over successive years proving these gynecological surgery a safer and better modality.

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