ORIGINAL RESEARCH PAPER

Obstetrics And Gynecology

A RETROSPECTIVE REVIEW OF ELECTIVE HYSTERECTOMIES AT A TERTIARY CARE CENTRE

KEY WORDS: Hysterectomy, fibroid, dysfunctional uterine bleeding (DUB), complications.

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ABSTRACT

Hysterectomy is the most commonly performed surgical procedure in gynecology all over the world. There are various indications for which this procedure is done ranging from benign to malignant conditions. There are mainly 3 routes through which hysterectomy is performed abdominal, vaginal and laparoscopic. Like any other surgery it is also associated with significant complications.

Objectives: This study was carried out to find out the indications, route of hysterectomy and associated complications.

Method: A retrospective study was done from January 2019 till September 2019 in the department of Obstetrics and Gynecology at SMGS hospital, GMC Jammu. A total of 310 hysterectomy patients were studied and parameters like age, indication, type of hysterectomy, complication during and after the procedure were collected from the records and analyzed.

Results: A total of 310 hysterectomies were done during the study period. Out of this 215 were abdominal, 80 were vaginal and 15 were laparoscopic hysterectomies. The most common age group was 40-50 years. Common indications were fibroid uterus, prolapsed uterus and dysfunctional uterine bleeding. Overall complication rate was 15.48%.

Conclusion: Hysterectomies are most commonly done in the age group of 40-50 years. Most common indication for hysterectomy is symptomatic fibroid uterus especially in this age group. As with any other surgery hysterectomy is also associated with complications therefore alternative methods should be discussed with patients prior the decision of hysterectomy.

INTRODUCTION:

Hysterectomy is the one of the most common elective surgical procedures in Gynecology. It is used for treating a variety of gynaecological conditions in the world. It can be done abdominally, vaginally or with laparoscope through abdominal port. It has various classification depending upon the indication. When uterus is removed cervix may be left in place which is called as supracervical hysterectomy. When uterus is removed along with cervix, it is called total hysterectomy and when hysterectomy done along with removal of adnexa then it is called as hysterectomy with salpingoopherectomy. It can be a part of staging laparotomy or radical hysterectomy. It is done for various causes ranging from benign to malignant conditions. The common indications of hysterectomies are symptomatic fibroid uterus, abnormal uterine bleeding not responding to medical treatment, ovarian tumour, uterovaginal prolapsed, malignancy of uterus, cervix and ovary. Like any other surgery hysterectomy is also associated with complications which can be intraoperative, postoperative, anaesthetical etc. and can be anaesthetic or surgical complication. It is associated with iatrogenic premature menopause.

This study was carried out to find out the indications, route of hysterectomy and associated complications.

METHODS:

The current study was carried out from January 2019 till September 2019 in the department of Obstetrics and Gynecology SMGS Hospital GMC Jammu. This was a retrospective study of cases of hysterectomy. Patients were identified from hospital record. Cases of hysterectomy were identified and their case records used to collect data for age, indications, menstrual history, and route of the surgery and intraoperative and post operative complications. All the data were assembled , summarized and analyzed.

Inclusion Criteria:

All cases of abdominal, vaginal and laparoscopic hysterectomies were included.

1. Abdominal hysterectomies including total abdominal hysterectomy (TAH), total abdominal hysterectomy with unilateral salpingohysterectomy (TAH+USO), total abdominal hysterectomy with bilateral salpingohysterectomy (TAH+BSO) and hysterectomy done as a part of staging laparotomy for malignancies.
2. Vaginal hysterectomy included vaginal hysterectomy with pelvic floor repair (VH+PFR) and non decent vaginal hysterectomy (NDVH).
3. Total laparoscopic hysterectomy (TLH) and laparoscopic hysterectomy assisted vaginal hysterectomy (LAVH).

Exclusion Criteria:

Obstetrical hysterectomies were excluded from the study.

RESULTS:

A total of 310 hysterectomies were done during the study period. The most common complaints were excessive menstrual bleeding, something coming out of the vagina and chronic pelvic pain.

Table 1: Distribution Of Patients According To Age Groups (N=310)

Age group (years)	Frequency(n)	Percentage
31-40	78	25.16
41-50	130	41.94
51-60	86	27.74
61 and above	16	5.16

Majority of patients were in the age group of 41 to 50 years (41.94%).

Table 2: Indications for hysterectomy (N = 310)

Indications	Frequency (n)	Percentage
Fibroid uterus	94	30.32
Dysfunctional uterine bleeding	74	23.87
Prolapse	74	23.87
Benign ovarian tumour	13	4.20
Chronic pelvic pain	22	7.10

Postmenopausal bleeding	10	3.23
PID	6	1.93
Severe cervical dysplasia	6	1.93
Ca endometrium	4	1.30
Malignant ovarian tumour	3	0.96
Cervical cancer	3	0.97
Persistent trophoblastic tumour	1	0.32

Major indications for operation were fibroid uterus (30.32%), prolapsed uterus (23.87%) and dysfunctional uterine bleeding (23.87%).

Table 3: Routes Of Hysterectomy

Route	Type	Frequency	Percentage
Abdominal	TAH	12	3.87
	TAH+USO	6	1.93
	TAH+BSO	186	60
	Staging laparotomy	7	2.26
	Radical hysterectomy	4	1.30
Vaginal	NDVH	11	3.54
	VH+PFR	69	22.26
Laparoscopic	TLH	14	4.52
	LAVH	1	0.32

Out of 310 hysterectomies, 215 were abdominal hysterectomies while rest of the hysterectomies were vaginal and laparoscopic. In majority of the cases of TAH, bilateral ovaries were removed. In all cases of vaginal hysterectomy ovaries were conserved.

Table 4: Complications Of Hysterectomy (N=310)

Complications	Frequency	Percentage
Excessive bleeding >1000 ml	15	31.25
Bladder Injury	5	10.42
Haematoma	6	12.50
UTI	9	18.75
Wound infection/gaping	12	25
Burst abdomen	1	2.08

The most common intraoperative complications was excessive bleeding (31.25%), where as most common postoperative complication was infection of the wound or urinary tract (43.75%). The rate of complications was higher in abdominal hysterectomies as compared to vaginal hysterectomies.

DISCUSSION:

In our study hysterectomy was most common in 41 to 50 year age group and this was similar to the experience from other centers [1,2,3].

Most common type of hysterectomy was abdominal followed by vaginal and laparoscopic hysterectomy. This finding was consistent with the findings from other centers[1,4]. Most of the cases of prolapse underwent vaginal hysterectomy along with pelvic floor repair.

More than 90% of gynaecological surgeries were performed for benign conditions with the major objective of improving the patient's health related quality of life. The most common indication for hysterectomy in this study was symptomatic fibroid uterus (30.32%) which was also observed in similar studies from other centers [1,2,3].

Most common intraoperative complication observed in this study was excessive bleeding (31.25%) which was also found by some other authors in their studies [8].This complication may be because of more cases of fibroid uterus where vascularity of uterus is more and also in some cases surgery takes more time because of difficult dissection in case of big fibroid uterus. Operative complications were more common in surgery for fibroids compared to surgery for DUB. Next commonest complication was infection of wound and UTI which was observed in 25% and 18.75% of cases. Bladder injury was observed in 2 cases of abdominal hysterectomies and 3 cases of vaginal hysterectomies. All these injuries were identified intraoperatively and were repaired with the help of general surgeon. Post operative complications were found to be more common in abdominal hysterectomy as compared to vaginal hysterectomy. A large multicentre retrospective study in the US by Centre for Disease Control showed that the rate of complications is 1.7 times more in abdominal hysterectomy as compared to the vaginal route [5].

In Hong Kong the incidence of complications for vaginal hysterectomy (17.0%) was lower than that for both abdominal (26.4%) and laparoscopic hysterectomy (23.9%) [6]. Like this in many more studies it has been stated that vaginal hysterectomy has a lower incidence of complications. Cochrane review concluded that vaginal hysterectomy should be performed in preference to abdominal hysterectomy, where possible. Where vaginal hysterectomy is not possible, a laparoscopic approach may be an option for abdominal hysterectomy[7]. All these complications increase the morbidity of patients , hospital stay and also cause economic loss. To reduce the number of hysterectomies and associated complications less invasive alternate treatment methods can be tried.

CONCLUSION:

The most common cause of conducting hysterectomy is Symptomatic fibroid uterus especially in the perimenopausal age group. As with any other surgery hysterectomy is also associated with complications during and after the surgery. Therefore the indications of the surgery should be properly evaluated before taking the decision of hysterectomy. Forthcoming advantage should be weighed against the possible risk associated with the hysterectomy. Alternative available methods with pros and cons should be discussed with the patients.

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