



ORIGINAL RESEARCH PAPER

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CLINICAL PROFILE OF SUBJECTS AND INDICATIONS OF GYNAECOLOGICAL HYSTERECTOMY IN A TERTIARY CARE CENTRE.

KEY WORDS: Hysterectomy, Fibroid uterus

Dr Nilesh Chavada

Government Medical College, Surat

Dr Shruti Tailor

Senior Resident, Department of Obstetrics and Gynaecology, Government Medical College, Surat

Dr Dhvani Desai

Associate Professor, Department of Obstetrics and Gynaecology, Government Medical College, Surat

Dr Ragini Verma

Head of Department, Department of Obstetrics and Gynaecology, Government Medical College, Surat

ABSTRACT

Objective: To study the clinical profile of subjects and indications of Gynaecological Hysterectomy in a tertiary care centre of South Gujarat. **Methods:** An observational study was conducted by collecting data from medical records of 126 consecutive subjects undergoing hysterectomy for gynaecological reasons in a tertiary care centre over a period of 12 months. **Results:** 61% of subjects were between 40-60 years of age. 50% had studied upto primary schooling, 46% were illiterate. 52% had Abnormal uterine Bleeding and the commonest indication for hysterectomy was symptomatic fibroid uterus in 31.74% subjects. **Conclusion:** As Hysterectomy being a surgical procedure, it is associated with its own risks and complications, hence it is important to evaluate the patient properly, monitor and regulate the use of Hysterectomy particularly for the management of Benign gynaecological conditions.

INTRODUCTION

Hysterectomy is the second most common major surgical procedure for women in India and is the definitive cure for benign conditions like fibroids, Adenomyosis, dysfunctional uterine bleeding and for premalignant and certain malignant conditions of cervix, uterus, tubes and ovaries. In India, there are increasing concerns on pattern of hysterectomy as rising incidence of hysterectomies are observed in young women. As per National Family Health Survey -4 (NHFS-4), prevalence of hysterectomy is 0.36% among 15-29 years, 3.59% among 30-39 years and 9.2% among women aged 40-49 years. (1) With the emergence of effective medical and conservative measures for benign uterine conditions, there are doubts on justification of hysterectomy with its associated risks of morbidity. Hence, there is a need to monitor and regulate the appropriate use of hysterectomy, particularly for treatment of benign gynaecological conditions and amongst younger women. This study aims at studying the socio-demographic data, clinical profile and indications of hysterectomy in a tertiary care centre.

AIMS AND OBJECTIVES

To study clinical profile of subjects and indications of gynaecological hysterectomy in a tertiary care centre of South Gujarat.

MATERIALS AND METHODOLOGY

An observational study was conducted by collecting data from medical records of 126 consecutive subjects undergoing hysterectomy for gynaecological reasons in a tertiary care centre over a period of 12 months after ethics approval.

Inclusion Criteria

- Women undergoing hysterectomy for gynaecological reasons.

Exclusion Criteria

- Women undergoing obstetric hysterectomy.

All eligible consenting women were counselled regarding the purpose of data collection. Detailed examination findings including pre-operative general, systemic, abdominal, per speculum and per vaginal examination, investigation reports (haematological, ultrasound reports etc), final histopathological diagnosis report was collected. All details required for the study were noted in the proforma and data entry and analysis was done using SSPS software version 26.

RESULTS

In 126 cases of Gynaecological hysterectomies reviewed, the baseline details including age, education status, socio-economic status and parity of the subjects were noted. The results are depicted in Table No: 1

Table No 1: Baseline Details

Age of study participants		
Age	No. of Subjects (n=126)	Percentage
<40	36	28%
40-60	77	61%
>60	13	10%
Education status of study participants		
Education	No. of Subjects (n=126)	Percentage
Illiterate	59	46%
Primary Schooling	63	50%
Graduate	04	3.10%
Socio-economic status of study participants		
S/E Status	No. of Subjects (n=126)	Percentage
Lower Middle Class	12	9.52%
Upper lower	71	56.34%
Lower	43	34.12%
Parity of study participants		
Parity	No. of Subjects (n=126)	Percentage
Nullipara	05	3.96%
Primipara	07	5.50%
Multipara	114	90.40%

61% of the subjects underwent hysterectomy in reproductive age group, while the mean age of our study subjects was 51 years. The youngest subject undergoing Hysterectomy was 28 years of age, a primipara, who underwent hysterectomy as part of management of septic peritonitis with bilateral tubo-ovarian abscess with septic shock, while the eldest was 85 years of age who was operated for a huge mucinous cystadenoma.

The presenting complaints of our subjects were analyzed. The details are mentioned in Table below:

Table No 2: Presenting Complaints of our subjects:

Presenting complaints	No. of Subjects(n=126)	Percentage
Abnormal Uterine Bleeding	66	52%

Lower Abdominal Pain	41	32%
Something coming out per vaginum	23	18.20%
Dysmenorrhoea	18	14%
Abdominal distension/lump	12	9.50%
Vaginal discharge	04	3.10%

Majority of the subjects 91(72.20%) presented with one complaint only, while 32 subjects(25.3%) had two complaints and three subjects (2.30%) had three or more complaints.

The indications for which women underwent hysterectomy and the route of hysterectomy was noted in the proforma. The results are depicted in Table No :3

Table No 3: Distribution of subjects with indications and route of Hysterectomy (As per PALM-COEIN)

Indication for Hysterectomy	Route of Hysterectomy		
	Vaginal	Abdominal	Laparoscopic
Polyp(n=0)	-	-	-
Adenomyosis (n=16)	07	07	02
Leiomyoma (n=40)	09	28	03
Malignancy (n=14)	06	06	02
Coagulopathy (n=0)	-	-	-
Ovulatory disorders(n=2)	01	01	-
Endometrial disorders(n=0)	-	-	-
Iatrogenic(n=0)	-	-	-
Not yet Classified/ Others(n=54)	28	23	03

Among 54 subjects mentioned in others, 26 subjects underwent hysterectomy for utero-vaginal prolapse, 21 subjects for ovarian mass, four for endometriosis and three subjects for Chronic PID,

Table No 5: Indications of Hysterectomy with respect to Age, Parity and Menopausal status:

Indica-tion	Age			Parity			Menopausal status	
	<40 years (n=36)	40-60 years (n=77)	>60 years (n=13)	Nullipara (n=5)	Primipara (n=7)	Multipara (n=114)	Premenopausal (n=87)	Postmenopausal (n=39)
Polyp (n=0)	-	-	-	-	-	-	-	-
Adenomyosis (n=16)	6	10	0	0	0	16	16	0
Leiomyoma (n=40)	10	29	1	3	1	36	35	5
Malignancy (n=14)	4	8	2	1	2	11	10	4
Coagulopathy (n=0)	-	-	-	-	-	-	-	-
Ovulatory dis-orders (n=2)	-	2	-	-	-	2	2	-
Endometrial Dysfunction (n=0)	-	-	-	-	-	-	-	-
Iatrogenic (n=0)	-	-	-	-	-	-	-	-
Not yet Classi-fied/ Others(n=54)	17	27	10	1	4	49	24	30

DISCUSSION

Hysterectomy being the definitive management for many gynaecological conditions, hence it is the commonly performed surgery worldwide. However, the incidence of hysterectomy is increasing in reproductive age group as studied in our study. As shown in table no: 1 majority of subjects in our study (61%) belonged to age group between 40-60 years, that was similar to study conducted by Tayyaba et al (63.33%) (2). However, 28% of the study subjects underwent hysterectomy below 40 years of age that was higher as compared to 16.67% in study conducted by Tayyaba et al (2) and 9.8% in study conducted by Saima et al (3).

Majority (50%) of the subjects undergoing hysterectomy had studied up to primary schooling, while 46% were illiterate which was higher than 2.4% of illiterate in study conducted by Olusanya et al (4). This was probably because we cater to women of the lower socio-economic status where the level of education is usually up to primary.

The type of hysterectomy performed along with other concomitant surgery was noted and details are depicted in table No: 4 below

Table No 4: Type of Hysterectomy with concomitant surgery

Type of Hysterectomy	No. of subjects (n=126)	Percentage
Total Hysterectomy	07	5.55%
Total Hysterectomy with Salpingectomy	28	22.23%
Total Hysterectomy with U/L SO	11	8.73%
Total Hysterectomy with B/L SO	43	34.12%
Total Hysterectomy with A- repair	07	5.55%
Total Hysterectomy with AP- repair	17	13.49%
Radical Hysterectomy with Lymphadenectomy	04	3.17%
Total Hysterectomy as part of Staging Laparotomy with Lymphadenectomy	01	0.88%
Extended Hysterectomy with Lymph node sampling	01	0.79%
Hysterectomy as part of Staging Laparotomy with Debulking	07	5.55%

The indications for hysterectomy were studied with respect to age, parity and Menopausal status was studied and noted in Table no 5 below.

Majority of our subjects (90.40%) were multipara which was similar to the study conducted by Priyanka et al (5). However, 5 nulliparous subjects underwent hysterectomy in our study. The indications of hysterectomy in those subjects were:

- Cervical Carcinoma-in situ in a 39 year lady with 3rd degree utero-vaginal descent.
- Huge symptomatic multiple fibroids with uterine size reaching upto epigastrium in a 40 year unmarried lady and another 45 year old lady with neurofibromatosis
- Severe endometriosis with uterine size of 18-20 weeks in a 36 year unmarried lady
- Huge ovarian mass with multiple symptomatic uterine fibroids with uterine size reaching upto xiphisternum in a 35 year lady.

As seen in Table No:2, majority of the subjects in our study presented with Abnormal uterine bleeding(52%) followed by Lower abdominal pain(32%) and Something coming out per vaginum(18.2%). This observations were similar in the study conducted by Tayabba et al (2) and Sabita et al (6).

Fibroid uterus is most commonly seen in reproductive age group. Different treatment options are now available for the management of this condition. However, with high parity and majority of subjects having their family completed, hysterectomy was considered as appropriate management option as seen in our study where majority of the subjects (40,31.74%) underwent hysterectomy for Symptomatic uterine fibroid below 60 years of age as shown in Table no: 4 . Other major indications for hysterectomy being, Utero-vaginal prolapse in 26 subjects (20.63%), 21 subjects (16.67%) for benign and malignant ovarian mass and 4.76% for gynaecological malignancies. Similar observations were noted in the study conducted by Rubina et al (7) where 33.9% of subjects underwent hysterectomy for Fibroid uterus, 14.9% for Utero-vaginal prolapse and 8.2% for ovarian masses.

As depicted in Table No:4, Fibroid was the commonest indication amongst pre-menopausal women (40.2%), followed by Adenomyosis (17.2%), while Utero-vaginal prolapse was the commonest indication in post-menopausal women (43.6%) followed by ovarian mass (30.8%).

Among routes of hysterectomy, all subjects with cervical and endometrial malignancies and Chronic PID (three each) were operated abdominally, All with utero-vaginal prolapse (n=26) were operated vaginally, Some with Fibroid (7.5%), Adenomyosis (12.5%), Endometrial Hyperplasia (28%), ovarian mass (14.3%) were operated laparoscopically, while remaining for same indication were distributed between abdominal and vaginal route as shown in Table no 3.

Total Hysterectomy with bilateral Salpingo—oophorectomy was the commonest type of hysterectomy done in 43 of the 126 subjects (34.12%), followed by Total Hysterectomy with Salpingectomy in 28 subjects (22.23%). The observations were similar in the study conducted by Shazia et al (8) where majority of the subjects (49.61%) underwent total hysterectomy with bilateral Salpingo-oophorectomy.

CONCLUSION

As any surgical procedure, hysterectomy is also associated with risk of complications. Hence the indication should be carefully evaluated. Newer and less invasive treatment options should be encouraged. We should be able to provide more medical options like Levonorgestrel intra-uterine system, whenever appropriate. Also, Equipments and skills necessary to provide any patient with the most appropriate mode of management should be encouraged. Regular audits should be conducted to analyze the pattern of indications of hysterectomy, its routes and complications and thus to improve the quality of health care provided.

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