

Original Article

Evaluation of Complications in Uterus Surgery- A Clinical Study

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ABSTRACT:

Background: Worldwide hysterectomy is the most commonly performed major gynecological surgical procedure. The present study was conducted to assess the complications of uterus surgery. Materials & Methods: The present study was conducted on 148 women underwent hysterectomy of age range 20- 55 years. Operation details, duration of surgery, blood loss during surgery, intra operative & post operative period blood transfusion, intra operative complications like bladder, uterus and bowel injury were collected. Results: Age group 20-30 years had 25 patients, 30-40 had 45, 40-50 had 68 and >50 years had 10 patients. In 102 (68.9%) abdominal and in 46 (31.1%) vaginal hysterectomy was done. The difference was significant (P< 0.05). Common complications were bladder injury seen in 2 cases of abdominal and 1 case of vaginal, uterus injury in 1 case of abdominal, paralytic ileus in 2 cases of abdominal and 1 case of vaginal, burst abdomen in 1 case of abdominal, wound infection in 1 case of abdominal and 1 case of vaginal and vault infection in 1 case of abdominal hysterectomy. Conclusion: Authors found that hysterectomy is common surgical procedure after cesarean section. Complications were more common in abdominal than vaginal hysterectomy.

Key words: Abdominal, bladder, Hysterectomy, Vaginal.

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INTRODUCTION

Hysterectomy is a very common gynaecological operation in which the uterus may be completely removed (total hysterectomy), partially removed preserving the cervix (sub-total hysterectomy), or may be removed with the tubes and ovaries (total hysterectomy with bilateral salpingoophorectomy).¹

It can be performed by abdominal and vaginal route. Vaginal hysterectomy (VH) has several advantages over abdominal hysterectomy (TAH), and may be appropriate for up to 80% of benign uterine conditions. Evidence supports TAH only when documented pathologic conditions preclude the vaginal route. Even recent study in United States shows 82% were TAH, only 13% were VH and 5% were laparoscopic assisted in teaching hospitals.²

Worldwide hysterectomy is the most commonly performed major gynecological surgical procedure. Benign diseases are responsible for more than 70% the indications for

hysterectomy and include menstrual disorders, myomas, pelvic pain, uterine prolapse, utero vaginal prolapse, uterine fibroids, endometriosis, adenomyosis, heavy or abnormal menstrual bleeding, and at least three forms of cancer (uterine, cervical, ovarian). Hysterectomy is also a surgical last resort in uncontrollable postpartum obstetrical hemorrhage.³

It is well known fact in spite of several recommendations, 70-80% of hysterectomies done for benign conditions are through abdominal route. The reason behind this is inadequate technical skills, presence of uterine enlargement makes vaginal route difficult. But with newer techniques like bisection, morcellation and myomectomy it is easy to perform vaginal hysterectomy even in enlarged uterus in benign cases. It is concluded that surgeons should perform vaginal rather than abdominal hysterectomies whenever possible in order to cut down duration of surgery, complications and the length of hospital stay.⁴ The present

study was conducted to assess the complications of uterus surgery.

MATERIALS & METHODS

The present study was conducted in the department of Gynaecology & Obstetrics and General surgery. It comprised of 148 women underwent hysterectomy of age range 20- 55 years. All were informed regarding the study

and written consent was obtained. Ethical clearance was obtained prior to the study.

General information such as name, age, gender etc. was recorded. Information such as operation details, duration of surgery, blood loss during surgery, intra operative & post operative period blood transfusion, intra operative complications like bladder, uterus and bowel injury were collected. Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Age wise distribution

| Age group (years) | Number | Percentage |
|-------------------|--------|------------|
| 20-30 | 25 | 16.8 |
| 30-40 | 45 | 30.4 |
| 40-50 | 68 | 45.9 |
| >50 | 10 | 6.7 |

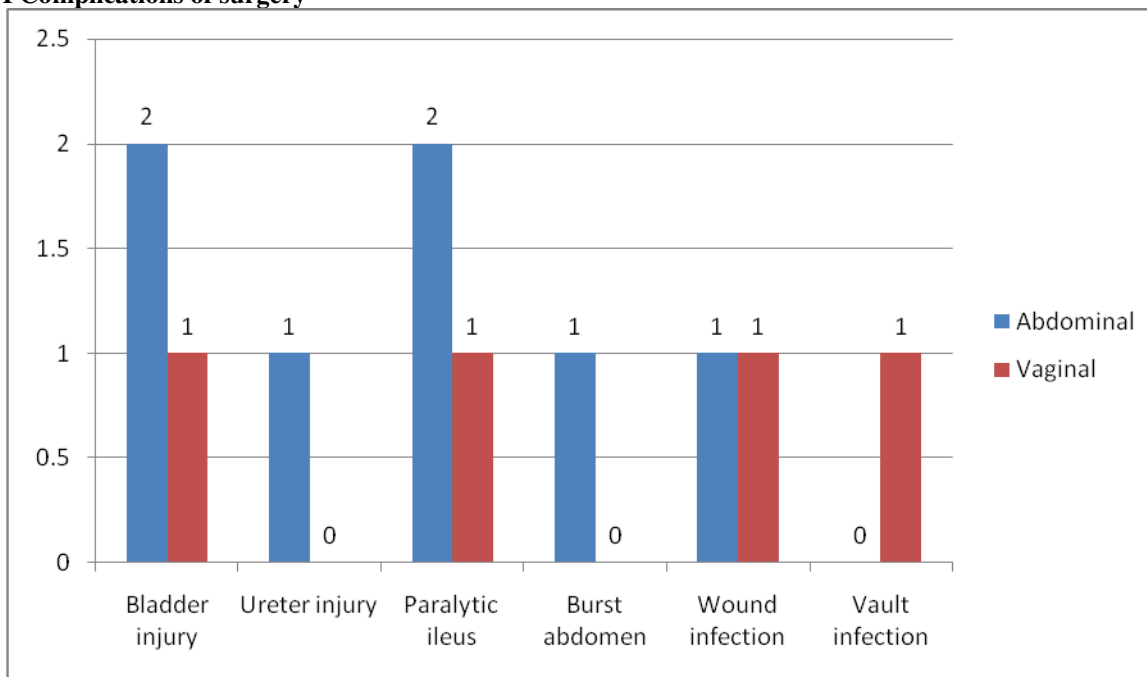
Table I shows that age group 20-30 years had 25 patients, 30-40 had 45, 40-50 had 68 and >50 years had 10 patients.

Table II Type of hysterectomy

| Type | Number | Percentage | P value |
|-----------|--------|------------|---------|
| Abdominal | 102 | 68.9 | 0.01 |
| Vaginal | 46 | 31.1 | |

Table II shows that in 102 (68.9%) abdominal and in 46 (31.1%) vaginal hysterectomy was done. The difference was significant (P< 0.05).

Graph I Complications of surgery



Graph I shows that common complications were bladder injury seen in 2 cases of abdominal and 1 case of vaginal, uterus injury in 1 case of abdominal, paralytic ileus in 2 cases of abdominal and 1 case of vaginal, burst abdomen in 1 case of abdominal, wound infection in 1 case of abdominal and 1 case of vaginal and vault infection in 1 case of abdominal hysterectomy.

DISCUSSION

World over hysterectomy is the most common surgery in women next only to cesarean section. There is a large variation in the rate of hysterectomy in different parts of the world. It may be due to physician factor, patient factor or organizational factor like availability of alternative resources. In India, only extrapolated figures are available based on international data base 2004. According to this, out of 1,065,070,607 women, 2,310,263 have had hysterectomy. The rate of hysterectomy in India seems to be on the rise.⁵

Many times, it is second to Caesarean delivery as the most frequently performed major surgical procedure for women of the reproductive age. In the early days, hysterectomy, or the removal of uterus was done either by the vaginal or the abdominal route. Vaginal route was more preferred as it involved less pain and less contraindications, lower morbidity and quicker recovery. Open abdominal hysterectomies (AH) was one of the most common and traditional surgical procedure for the removal of uterus in women for the treatment of benign gynecological disease.⁶ However, since it is more invasive, it has a few limitations such as abdominal trauma, intra-operative and post-operative complications and slow operative recovery. Vaginal hysterectomy, on the other hand is one of the minimally invasive surgeries which provides less post-operative pain and more rapid recovery with lesser number of days of hospital stay.

In present study we assessed complications of uterus surgery. We found that age group 20-30 years had 25 patients, 30-40 had 45, 40-50 had 68 and >50 years had 10 patients. Shanthini et al⁷ found that one hundred and seventy six cases of TAH were performed during study period. 53 cases of VH performed during study period. Age distribution of cases studied were 25.3% in between 30 - 39 years, 65.5% in between 40 - 49 years and 9.2% in between 50 - 59 years.

In present study, in 102 (68.9%) abdominal and in 46 (31.1%) vaginal hysterectomy was done. We found that common complications were bladder injury seen in 2 cases of abdominal and 1 case of vaginal, uterus injury in 1 case of abdominal, paralytic ileus in 2 cases of abdominal and 1 case of vaginal, burst abdomen in 1 case of abdominal, wound infection in 1 case of abdominal and 1 case of vaginal and vault infection in 1 case of abdominal hysterectomy. A Study by Bharatnur et al⁸ shows that overall post-operative complications are more in abdominal hysterectomy group than in vaginal hysterectomy. Reddy et al⁹ found that major complications were observed in 8.1% of the cases over all and in 3.3% of the laparoscopic cases. Minor complications were observed in 28.8% of the cases and in 7.7% of the laparoscopic cases. Silva et al¹⁰ reported a major complication rate of 1.5% and a minor complications rate of 11.5%.

Bala et al¹¹ in their retrospective study conducted in 1,285 cases of hysterectomy. Most women were of more than 45 years of age in planned cases and between 20 to 45 years in emergency cases. Uterine fibroid was the commonest indication (40.7%). Obstetrical complications were the main cause for emergency hysterectomies. The most common procedure was total abdominal hysterectomy but in emergencies, subtotal hysterectomy was the procedure of choice. The rate of vaginal hysterectomy was 10.7%. Ovaries were preserved in 12.7%.

CONCLUSION

Authors found that hysterectomy is common surgical procedure after cesarean section. Complications were more common in abdominal than vaginal hysterectomy.

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