

Original Research

Retrospective assessment of Emergency Obstetric Hysterectomy: An observational study

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ABSTRACT:

Background: World over hysterectomy is the most common surgery in women next only to cesarean section. Hence; the present retrospective study was conducted for assessing Emergency Obstetric Hysterectomy: An observational study. **Materials & methods:** Data of a total 50 subjects was enrolled. Emergency peripartum hysterectomy (EPH) was defined as hysterectomy performed for hemorrhage unresponsive to other therapeutic interventions, at the time of cesarean section or vaginal delivery, or within puerperium. Complete demographic details of all the subjects were enrolled. Each patient's case record was scrutinized with regard to incidence, age, parity, antenatal high risk factors along with the ultimate foeto-maternal outcome. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software. **Results:** Morbidly adherent placenta, Uterine rupture and Abruptio placentae were the indication of emergency obstetrics hysterectomy in 42 percent, 22 percent and 20 percent of the patients respectively. **Conclusion:** Hysterectomy will remain a common gynecological operation in both developing and developed countries. The trend of hysterectomy is on a rise nowadays. There is a tendency to delay hysterectomy if possible till 45 years of age.

Key words: Obstetric, Hysterectomy

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INTRODUCTION

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 (2.16/1,000 women). The rate of hysterectomy in India seems to be on the rise. The common indication of hysterectomy are fibroid uterus, dysfunctional uterine bleeding (DUB), prolapsed genital organ, genital malignancy, etc. using a variety of techniques and approaches including abdominal, vaginal, and laparoscopy. Considerable attention has been directed to the rate of concurrent oophorectomy with this

procedure. This rate is of particular concern in premenopausal women because of the early menopause that ensues. The complication of post hysterectomy has also decreased with the advent of new techniques, antibiotics, patient, and doctor awareness, etc.¹⁻⁴ It also improves the quality of life of a woman with certain uterine pathologies such as fibroids, 5 endometriosis and uterine prolapse. However, the predictive advantages must be weighed against the possible risks of 6 surgery and other alternative treatment options available. Abdominal hysterectomy can be either total or subtotal, later thought to provide better sexual function and less damage to neuroanatomical structures.⁵⁻⁸ Hence; the present retrospective study was conducted for assessing Emergency Obstetric Hysterectomy.

MATERIALS & METHODS

The present retrospective study was conducted for assessing Emergency Obstetric Hysterectomy. Data of a total 50 subjects was enrolled. Emergency peripartum hysterectomy (EPH) was defined as hysterectomy performed for hemorrhage unresponsive to other therapeutic interventions, at the time of cesarean section or vaginal delivery, or within puerperium. Women who delivered before 24 weeks of gestation, undergoing hysterectomy for indications other than obstetric, or outside the stipulated time of 42 days post-delivery were excluded from the study. Complete demographic details of all the subjects were enrolled. Each patient's case record was scrutinized with regard to incidence, age, parity, antenatal high

risk factors along with the ultimate fetomaternal outcome. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software.

RESULTS

Out of 50 patients, caesarean section was done in 88 percent of the patients. 40 percent of the patients belonged to the age group of more than 30 years. 36 percent of the patients belonged to the age group of 25 to 30 years. 28 percent of the patients were of primigravida. Morbidly adherent placenta, Uterine rupture and Abruption placentae were the indication of emergency obstetrics hysterectomy in 42 percent, 22 percent and 20 percent of the patients respectively.

Table 1: Mode of delivery

Mode of delivery	Number of patients	Percentage
Normal vaginal delivery	6	12
Caesarean section	44	88
Total	50	100

Table 2: Age wise distribution

Age-wise distribution	Number of patients	Percentage
Less than 25 years	12	24
25 to 30 years	18	36
More than 30	20	40
Total	50	100

Table 3: Parity wise distribution

Parity wise distribution	Number of patients	Percentage
P1	14	28
P2	18	36
P3	12	24
More than P3	6	12
Total	50	100

Table 4: Indications of emergency obstetrics hysterectomy

Emergency obstetrics hysterectomy	Number of patients	Percentage
Morbidly adherent placenta	21	42
Uterine rupture	11	22
Abruption placentae	10	20
Others	8	16
Total	50	100

DISCUSSION

Hysterectomy is the most frequently performed major gynaecological procedure in developed countries. An incidence of 1:461 women is currently estimated in the USA, corresponding to approximately 600,000 hysterectomies per year. In addition, in 2008-2009, 338 hysterectomy procedures were performed in Canada in women aged 20. Since Reich et al. description of the first laparoscopic hysterectomy in 1989, three major hysterectomy approaches are considered: vaginal, abdominal and laparoscopic. Several studies have discussed the advantages, disadvantages and complication rate related with each type of hysterectomy. Initially, laparoscopic

hysterectomy was associated with a high complication rate, namely urinary tract lesions.⁹⁻¹² Hence; the present retrospective study was conducted for assessing Emergency Obstetric Hysterectomy.

Out of 50 patients, caesarean section was done in 88 percent of the patients. 40 percent of the patients belonged to the age group of more than 30 years. 36 percent of the patients belonged to the age group of 25 to 30 years. 28 percent of the patients were of primigravida. Acharya S et al reviewed the indications and complications of abdominal hysterectomy as well as to assess the correlation of preoperative clinical and ultrasonographic diagnosis with histopathology of hysterectomy specimens. A retrospective review of

medical records of patients who underwent abdominal hysterectomy between January 2010 and July 2012 in the College of Medical Sciences Teaching Hospital, Nepal was done. Various demographic and pertinent clinical informations were retrieved. Clinical presentations, indications and complications of the hysterectomy as well as the correlation between the clinical diagnosis, ultrasound findings and histopathological diagnosis of the hysterectomy specimen was studied. A total of 139 patients had undergone abdominal hysterectomy for various indications. The mean age at the time of hysterectomy was 45.5 years. Abnormal vaginal bleeding and lower abdominal pain were the main presenting complaints. The median duration of symptoms was 12 months. Fourty three (40%) had hysterectomy alone and 96 (60%) had hysterectomy with salpingo oophorectomy. The most common clinical indication for hysterectomy was fibroid uterus (40.3%) followed by benign ovarian tumor (18.7%) and dysfunctional uterine bleeding (17.3%). There were no major postoperative complications. The correlation between clinical diagnosis and histopathology was significant at 0.01 level using Pearson correlations. Uterine fibroids and benign ovarian tumors are the common indications for abdominal hysterectomy. Postoperative complications are minimal and most of the time the clinical diagnosis correlates with the postoperative histopathological diagnosis.¹³

In the present study, morbidly adherent placenta, Uterine rupture and Abruptio placentae were the indication of emergency obstetrics hysterectomy in 42 percent, 22 percent and 20 percent of the patients respectively. Nogueira-Silva C et al described their experience performing TLH and to evaluate complication rates. A retrospective observational study of all total laparoscopic hysterectomy performed was conducted. Medical records were reviewed for patient characteristics, operating time, uterine weight, post-operative hemoglobin variation, length of hospital stay, and intra and postoperative complications. Patient average age was 48.9 ± 9.0 years and 49.2% had previous abdomino-pelvic surgery. The average body mass index was 26.5 ± 4.5 kg/m² and 42% of women were either overweight or obese. The mean operating time during the total study period was 77.7 ± 27.5 minutes, but it decreased significantly as the surgical team's training increased. Average uterine weight was 241.0 ± 168.4 g and average hospital stay was 1.49 ± 0.9 days. The mean postoperative hemoglobin variation was -1.5 ± 0.8 g/dL. The major and minor complication rates were 1.5% (n = 4) and 11.5% (n = 30), respectively. One procedure was converted to laparotomy and two women had a vaginal vault dehiscence. No important urinary tract or bowel injuries occurred. Their study demonstrated that, in experienced hands, total laparoscopic hysterectomy is safe and with low complications rates.¹⁴

CONCLUSION

Hysterectomy will remain a common gynecological operation in both developing and developed countries. The trend of hysterectomy is on a rise nowadays. There is a tendency to delay hysterectomy if possible till 45 years of age.

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