

**ORIGINAL ARTICLE****Retrospective assessment of cases undergoing hysterectomy**<sup>1</sup>Sweety Swaroop, <sup>2</sup>Ankul Mittal<sup>1</sup>Associate Professor, Department of Obstetrics & Gynaecology, Major S D Singh Medical College & Hospital, Farukhabad, Uttar Pradesh, India;<sup>2</sup>Assistant Professor, Department of General Surgery, Major S D Singh Medical College & Hospital, Farukhabad, Uttar Pradesh, India**ABSTRACT:**

**Background:**The present retrospective study was conducted for analyzing cases of hysterectomy. **Materials & methods:**The present study was undertaken for retrospectively analyzing the data of patients undergoing hysterectomy. Patients were identified by assessing medical record and charts. Complete clinical and demographic details of all the patients was obtained. Menopause was defined as one year since the last menstrual period. VH included laparoscopically assisted vaginal hysterectomy (LAVH) and AH (vaginal cases) included VH converted to AH unless otherwise noted. All complications that occurred during the surgery or within 30 days of surgery were recorded. All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software. **Results:**Abnormal uterine bleeding was the indication in 38 percent of the cases while leiomyomas and malignant neoplasm were the indication in 21 percent and 18 percent of the cases. Severe menstrual related mood disorder was the indication in 10 percent of the cases. Family history of cancer was the indication in 8 percent of the cases. **Conclusion:**Regardless of the method (abdominal, vaginal, or laparoscopic), hysterectomy is still the gold standard for treating a variety of benign pathological conditions affecting the uterus. However, we must support emerging techniques that leverage contemporary technologies, as their outcomes show promise and are frequently on par with hysterectomy.

**Key words:** Hysterectomy, Surgery**Corresponding author:** Ankul Mittal, Assistant Professor, Department of General Surgery, Major S D Singh Medical College & Hospital, Farukhabad, Uttar Pradesh, India**This article may be cited as:** Swaroop S, Mittal A. Retrospective assessment of cases undergoing hysterectomy. J Adv Med Dent Scie Res 2015;3(2):308-310.**INTRODUCTION**

The term hysterectomy originates from two Greek words: “hystero” which means uterus and “ectomy” which means resection removal from the human body. This surgical procedure is indicated in several common gynecologic problems. Hysterectomy is either total or subtotal, with or without the adnexae and depended on the way performed: abdominal, vaginal and laparoscopic or laparoscopic assisted vaginal hysterectomy. Historically the first vaginal hysterectomy was performed by Conrad Langenbeck in 1813, the first subtotal abdominal hysterectomy by Walter Burnham in 1853, the first elective abdominal hysterectomy by Clay and Koeberle in 1863, and the first laparoscopic hysterectomy by Harry Reich in 1988.<sup>1-3</sup>Hysterectomy is one of the most frequent major surgical procedures in the United Kingdom and is performed even more commonly in Asian subcontinent. Consequently, a substantial proportion of surgical histology is gynaecological in origin, mainly curettings and uterus. In routine practice most curettings and a significant number of hysterectomy specimens show no particular pathological abnormality and are reported in terms of the menstrual phase and the absence of malignancy or hyperplasia.<sup>4</sup><sup>6</sup>Hence; the present retrospective study was conducted for analyzing cases of hysterectomy.

**MATERIALS & METHODS**

The present study was undertaken for retrospectively analyzing the data of patients undergoing hysterectomy. Patients were identified by assessing medical record and charts. Complete clinical and demographic details of all the patients was obtained. Menopause was defined as one year since the last menstrual period. Up to three indications for surgery were obtained from the chart, including those identified in clinic letters, admission sheets and operative reports. All indications were collected regardless of whether or not the post-operative diagnosis coincided with the preoperative diagnosis.VH included laparoscopically assisted vaginal hysterectomy (LAVH) and AH (vaginal cases) included VH converted to AH unless otherwise noted. All complications that occurred during the surgery or within 30 days of surgery were recorded. All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software. Univariate analysis was done for evaluation of level of significance.

**RESULTS**

A total of 100 subjects were analyzed. Mean age of the subjects was 47.3 years. Mean BMI was 29.1 Kg/m<sup>2</sup>. Mean parity was 2.8. Mean length of hospital stay was 5.6 days while mean duration of surgery was 111.8 minutes. Abnormal uterine bleeding was the

indication in 38 percent of the cases while leiomyomas and malignant neoplasm were the indication in 21 percent and 18 percent of the cases.

Severe menstrual related mood disorder was the indication in 10 percent of the cases. Family history of cancer was the indication in 8 percent of the cases.

**Table 1: Demographic data**

Variable	Mean	SD
Age (years)	47.3	12.3
BMI (Kg/m <sup>2</sup> )	29.1	8.5
Parity	2.8	2.2
Length of hospital stay (days)	5.6	5.3
Duration of surgery (mins)	111.8	28.3

**Table 2: Indications of surgery**

Indications	Number	Percentage
Abnormal uterine bleeding	38	38
Leiomyomas	21	21
Malignant Neoplasm	18	18
Severe menstrual related mood disorder	10	10
Family history of cancer	8	8
Adenomyosis	5	5
Total	100	100

## DISCUSSION

Donnez et al. recently published a series of 3190 laparoscopic hysterectomies in BJOG. In this study, the rate of complications was similar to that observed in vaginal and abdominal hysterectomies, calling into question data from the evaluate study reported in the BMJ in 2004 by Garry et al. and in 2005 by Johnson et al., as well as the Cochrane Database Systematic Review.<sup>7-11</sup> Hence, the present retrospective study was conducted for analyzing cases of hysterectomy.

A total of 100 subjects were analyzed. Mean age of the subjects was 47.3 years. Mean BMI was 29.1 Kg/m<sup>2</sup>. Mean parity was 2.8. Mean length of hospital stay was 5.6 days while mean duration of surgery was 111.8 minutes. Abnormal uterine bleeding was the indication in 38 percent of the cases while leiomyomas and malignant neoplasm were the indication in 21 percent and 18 percent of the cases. Severe menstrual related mood disorder was the indication in 10 percent of the cases. Family history of cancer was the indication in 8 percent of the cases. Calais, G et al surgically treated Stage I and II patients with radical hysterectomy and pelvic lymphadenectomy (RH-PL). They 179 patients with endometrial adenocarcinoma (125 Stage I and 54 Stage II) with the following modalities. Uterovaginal brachytherapy (60 Gy) was performed first and then 6 weeks later an RH-PL was performed. Twenty-nine patients received external pelvic irradiation (45 Gy) because of tumor invasion beyond the internal two-thirds of the myometrium and/or lymph node involvement. The local control rate was 87% (92% for Stage I, 76% for Stage II). Distant metastases occurred in 24 patients (13%). Five-year actuarial survival rates were 80% for Stage I and 61% for Stage II patients. Prognostic factors were nodal status, histological grading, depth of tumor myometrial invasion, histologic status of the hysterectomy

specimen, and peritoneal cytology. Late severe complications occurred for 13 patients (7%). These results are comparable to those published for patients treated with less extensive surgery. They concluded that such an extensive surgery (especially pelvic lymphadenectomy) appears to be useless for all patients with bad prognostic factors requiring pelvic external irradiation.<sup>11</sup> L Kouam et al described the epidemiological profile of patients who had hysterectomy and determine the incidence, indications, types and complications of hysterectomy. There were 183 cases of hysterectomy out of 1962 surgical operations giving an overall incidence of 9.33%. The mean age was 43.23 ± 8.53 years with a range of 15 to 65 years. Seven out of 111 (6.31%) women were nulliparous and 8 out of 111 (7.2%) had no living child. The major indications of hysterectomy were symptomatic leiomyomas (47.7%), cervical cancer (17.1%), uterine perforation (15.3%), severe cervical dysplasia (5.4%), uterine rupture (4.5%) and endometrial hyperplasia (2.7%). The three types of hysterectomy performed during this period were total hysterectomy (86.5%), Wertheim-Meigs radical hysterectomy (7.2%) and subtotal hysterectomy (6.3%). The commonest complications were per-operative haemorrhage (26.1%), urinary tract infection (36.9%), unexplained fever (18.9%), severe anaemia (13.5%) and wound infection (10.8%). Urinary tract infections were more frequent in patients whose indwelling catheters were maintained for more than 2 days. They therefore proposed that after hysterectomy, the indwelling catheter should not be unduly extended beyond 2 days (except if there is a bladder injury) in order to reduce the rate of urinary tract infections.<sup>12</sup>

## CONCLUSION

Regardless of the method (abdominal, vaginal, or laparoscopic), hysterectomy is still the gold standard for treating a variety of benign pathological conditions affecting the uterus. However, we must support emerging techniques that leverage contemporary technologies, as their outcomes show promise and are frequently on par with hysterectomy.

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