

**ORIGINAL ARTICLE****Complications of ureter surgery in patients above 40 years of age**Vivek Kumar<sup>1</sup>, Saraj Kumar Kovind<sup>2</sup><sup>1</sup>Assistant Professor, Department of General Surgery, Major S D Singh Medical College, Uttar Pradesh;<sup>2</sup>Assistant Professor, Department of Anaesthesia, Saraswathi Institute of Medical Sciences, Hapur, Uttar Pradesh.**ABSTRACT:**

**Background:** The present study was conducted to determine complications of ureter surgery in patients above 40 years of age. **Materials & Methods:** The present study was conducted on 74 hysterectomy surgeries performed in the department in patients above 40 years. A through clinical examination was performed. All underwent routine blood investigation. USG was obtained prior to the surgery. Duration of surgery, blood loss during surgery and intra operative complications were collected. **Results:** In 50 (67.5%) abdominal and in 24 (32.5%) vaginal hysterectomy was done. The difference was significant ( $P < 0.05$ ). Common complications were bladder injury seen in 7 cases, ureter injury in 1, burst abdomen in 2 cases, wound infection in 4 cases and vault infection in 3 cases. **Conclusion:** Authors found that common complication were bladder injury, ureter injury, burst abdomen in, wound infection and vault infection

**Key words:** Bladder, Hysterectomy, ureter**Corresponding author:** Dr. Saraj Kumar Kovind, Assistant Professor, Department of Anaesthesia, Saraswathi Institute of Medical Sciences, Hapur, Uttar Pradesh, India**This article may be cited as:** Kumar V, Kovind SK. Complications of ureter surgery in patients above 40 years of age. J Adv Med Dent Scie Res 2016;4(5):172-174.**INTRODUCTION**

Hysterectomy is a leading reason for non-obstetric surgery in many countries. However, the procedure is also found to have adverse health effects on women's physical and socio-psycho health, particularly on premenopausal, young women.<sup>1</sup> In India, in recent years there appears to be a surge in hysterectomy cases involving young women. This has led to suspicion on the misuse of procedure. However, there are no population-based studies that provide insights into hysterectomy prevalence and its determinants at the national level.<sup>2</sup>

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).<sup>3</sup>

It is well known fact in spite of several recommendations, 70-80% of hysterectomies done for benign conditions are through abdominal route.<sup>4</sup> The surgical removal of uteri and ovaries can have important bearing on women's physical and psychosocial health. Research shows both positive and negative after-effects. On the one hand, by

relieving suffering from gynecological ailments such as abnormal bleeding and pelvic pain, hysterectomy is found to lead to decreased anxiety and depression among women and thereby improvement in their quality of life, particularly 6 to 12 months after the surgery.<sup>5</sup> The present study was conducted to determine complications of ureter surgery in patients above 40 years of age.

**MATERIALS & METHODS**

The present study was conducted in the department of General surgery. It comprised of 74 hysterectomy surgeries performed in the department in patients above 40 years. All were informed regarding the study and written consent was obtained. Ethical clearance was obtained prior to the study.

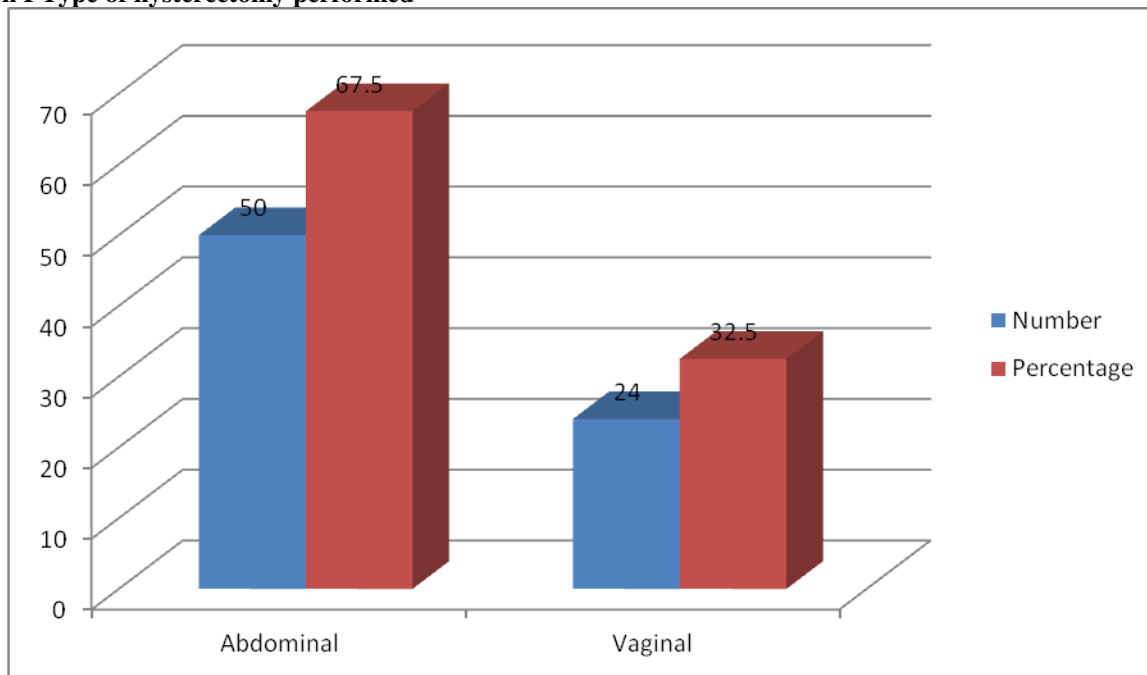
General information such as name, age, gender etc. was recorded. A through clinical examination was performed. All underwent routine blood investigation. USG was obtained prior to the surgery. Duration of surgery, blood loss during surgery and intra operative complications were collected. Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

**RESULTS****Table I Type of hysterectomy performed**

Type	Number	Percentage	P value
Abdominal	50	67.5	0.02
Vaginal	24	32.5	

Table II shows that in 50 (67.5%) abdominal and in 24 (32.5%) vaginal hysterectomy was done. The difference was significant ( $P < 0.05$ ).

**Graph I Type of hysterectomy performed**



**Table II Complications of hysterectomy**

Complications	Number	P value
Wound infection	4	0.01
Vault infection	3	
Bladder injury	7	
Ureter injury	1	
Burst abdomen	2	

Table II shows that common complications were bladder injury seen in 7 cases, ureter injury in 1, burst abdomen in 2 cases, wound infection in 4 cases and vault infection in 3 cases.

**DISCUSSION**

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.<sup>6</sup> 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.<sup>7</sup> The present study was conducted to determine complications of ureter surgery in patients above 40 years of age.

In present study we found that in 50 (67.5%) abdominal and in 24 (32.5%) vaginal hysterectomy was done. The difference was significant (P< 0.05). Lambaudie et al<sup>8</sup> 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.

We found that common complications were bladder injury seen in 7 cases, ureter injury in 1, burst abdomen in 2 cases, wound infection in 4 cases and vault infection in 3 cases. Benassi et al<sup>9</sup> found that the current median age of the women who had undergone hysterectomy was 42 years. One-third of hysterectomized women were below the age of 40 years, and this proportion was higher in Southern Indian states of Andhra Pradesh (42%) and Telangana (47%). Statistical analysis showed that hysterectomy is more common among women who had no and/or low education and those from households with health insurance. These findings indicate a need for counselling and education of lowly educated young women on alternative options. Secondly, it appears that health insurance is possibly also leading to unnecessary hysterectomies among young women which warrants a need for better designing of insurance systems.

Given the adverse health effects of the procedure, as noted above, hysterectomy at younger ages may lead to earlier onset of poor physical and reproductive health outcomes. Concurrent bilateral oophorectomy which is

frequently performed with hysterectomy is generally recommended for women over the age of 40 years.<sup>10</sup> This is because it induces immediate surgical menopause and ovaries perform a useful function of generating estrogen which reduces the risk of osteoporosis and coronary heart disease. Studies show that women who experience premature menopause (before age 40 years) or early menopause (between ages 40 and 45 years) have increased risk of excess mortality, cardiovascular, neurological, and psychiatric diseases, osteoporosis, and other sequelae.

## CONCLUSION

Authors found that common complication were bladder injury, ureter injury, burst abdomen in, wound infection and vault infection.

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