Section: Gynae & Obstetrics

Original Research Article

ASSESSMENT OF TOTAL ABDOMINAL HYSTERECTOMY IN A MEDICAL COLLEGE

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Abstract

Background: To assess total abdominal hysterectomy in a Medical College. **Materials and Methods:** Seventy- two cases of total abdominal hysterectomy of females included. Parameters such as parity, indications for surgery, extent of surgery, intraoperative and postoperative complications, length of hospital stay were recorded. **Result:** Age group 21-30 years had 16, 31-40 years had 20, 41-50 years had 27, 51-60 years had 5 and >60 years had 4 patients. The difference was non- significant (P> 0.05). Parity was 1 seen in 5 patients, 2 in 12, 3 in 38 and >3 in 17 cases. Length of hospital Stay was <5 days in 27 and 5-10 days in 45. Level of education was primary in 21, secondary in 34 and tertiary in 17. Indications for surgery was fibroids in 8, leiomyoma in 20, endometrial carcinoma in 14, endometrial hyperplasia in 12 and benign ovarian mass in 18 cases. The difference was non- significant (P> 0.05). Post- operative complications were anaemia in 15, pyrexia in 6, bladder injury in 2 and wound infection in 1 case. The difference was significant (P< 0.05). **Conclusion:** Indications for surgery was fibroids, leiomyoma, endometrial carcinoma, endometrial hyperplasia and benign ovarian mass. Post- operative complications were anaemia, pyrexia, bladder injury and wound infection.

INTRODUCTION

Hysterectomy is the most common gynaecological surgical procedure after caesarean section. In India there is lower rate (4-6%) of hysterectomy has been reported, while there is higher frequency of hysterectomy (10-20%) in developed countries.[1] Over 600,000 hysterectomies were having been performed in US alone in 2003 according to reports, out of them 90%were performed for benign conditions.[2] Majority (90%) of hysterectomies are performed for benign diseases.[3] Alternate like endometrial ablation, intrauterine hormonal devices like Mirena must be considered to avoid hysterectomies for benign diseases.[4]

There are three main types of hysterectomy operations in practice for benign diseases abdominal hysterectomy, vaginal hysterectomy and laparoscopic hysterectomy.[5] Abdominal hysterectomy remains the predominant method of uterus removal. Abdominal hysterectomy could be total or subtotal (also known as "supracervical") depending on whether the cervix is removed with the uterus or preserved.[6] Total abdominal hysterectomy account for higher percentage of abdominal hysterectomies with reported rates as high as 93-94.5% of abdominal hysterectomy. Total abdominal hysterectomy may be performed alone or with unilateral or bilateral salpingo- oopherectomy depending on the indication for the surgery and the age of the patient.[7,8]

Indications for total abdominal hysterectomy include dysfunctional uterine bleeding, endometriosis/adenomyosis, endometrial polyps, pelvic inflammatory disease, chronic pelvic pain, cervical intraepithelial neoplasia, endometrial hyperplasia, and some malignant lesions.[9,10] We performed this study to assess total abdominal hysterectomy in a Medical College.

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MATERIALS AND METHODS

After considering the utility of the study and obtaining approval from ethical review committee, we selected seventy- two cases of total abdominal hysterectomy of Female patients. Patients' consent was obtained before starting the study.

Data such as name, age, gender etc. was recorded. Parameters such as socio-demographic characteristics, parity, indications for surgery, extent of surgery, intraoperative and postoperative complications, length of hospital stay, associated morbidity and mortality pattern were recorded. The results were compiled and subjected for statistical analysis using Mann Whitney U test. P value less than 0.05 was set significant.

RESULTS

Table I: Distribution of hysterectomies

Age group (Years)	Number	P value
21-30	16	0.28
31-40	20	
41-50	27	
51-60	5	
>60	4	

Age group 21-30 years had 16, 31-40 years had 20, 41-50 years had 27, 51-60 years had 5 and >60 years had 4 patients. The difference was non- significant (P> 0.05) (Table I).

Table II: Assessment of parameters

Parameters	Variables	Number	P value
Parity	1	5	0.72
	2	12	
	3	38	
	>3	17	
Length of hospital Stay (days)	<5	27	0.05
	5-10	45	
Level of education	Primary	21	0.17
	Secondary	34	
	Tertiary	17	
Indications for Surgery	Fibroids	8	0.91
	Leiomyoma	20	
	Endometrial carcinoma	14	
	Endometrial hyperplasia	12	
	Benign ovarian mass	18	

Parity was 1 seen in 5 patients, 2 in 12, 3 in 38 and >3 in 17 cases. Length of hospital Stay was <5 days in 27 and 5-10 days in 45. Level of education was primary in 21, secondary in 34 and tertiary in 17. Indications for surgery was fibroids in 8, leiomyoma in 20, endometrial carcinoma in 14, endometrial hyperplasia in 12 and benign ovarian mass in 18 cases. The difference was non- significant (P> 0.05) (Table II).

Table III Assessment of post- operative complications

Post- operative complications	Number	P value
Anaemia	15	0.01
Pyrexia	6	
Bladder injury	2	
Wound Infection	1	

Post- operative complications were anaemia in 15, pyrexia in 6, bladder injury in 2 and wound infection in 1 case. The difference was significant (P< 0.05) (Table III).

DISCUSSION

Hysterectomy is the most commonly performed surgery in gynaecological practice as it provides definitive cure and accurate diagnosis.[11,12] The clinical indications to perform this major surgery should always be justified as it has its own psychological, emotional, medical, hormonal and sexual effects on a female life. Hysterectomy is the most commonly performed major gynaecological surgery throughout the world.[13,14] We performed this study to assess total abdominal hysterectomy in a Medical College.

Our results showed that Age group 21-30 years had 16, 31-40 years had 20, 41-50 years had 27, 51-60 years had 5 and >60 years had 4 patients. Shakira et al[15] assessed the histopathological features of varied uterine lesions, their profile and distribution of different lesions in relation of age. A total of 3576 histopathology samples were received in this

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period. There were 1173 gynaecology samples during this period out of which 22% (261 cases) were that of hysterectomy. Histopathology diagnosis showed leiomyoma in 48.6% (127 cases), adenomyosis was seen in 10.3% (27 cases), endometrioid adenocarcinoma was seen in 1.14% (3 cases). Mahilange et al[16] in their study 1000 hysterectomies were performed. Most common age group of hysterectomy was 41-50 year. which 45.8% followed by age group 31-40 that is 32.5%. Most common indication of hysterectomy was fibroid uterus 33.6% followed by prolapse uterus 29.5%. 29% cases were operated via vaginal route for descent of uterus and 21% cases operated by vaginal route for nondescent uterus.50% cases were operated via abdominal route. Average operating time for TAH was 1.43±0.50, for VH was 1.08±0.03. Average hospital stay for TAH was 8.87±3.31 and VH was 5.27±1.07.

Parity was 1 seen in 5 patients, 2 in 12, 3 in 38 and >3 in 17 cases. Length of hospital stay was <5 days in 27 and 5-10 days in 45. Level of education was primary in 21, secondary in 34 and tertiary in 17. Indications for surgery was fibroids in 8, leiomyoma in 20, endometrial carcinoma in 14, endometrial hyperplasia in 12 and benign ovarian mass in 18 cases. Begum et al[17] in their study 290 hysterectomies performed. Major indications for hysterectomies were dysfunctional uterine bleeding (32.8%) and fibroid uterus, (25.0%) followed by chronic cervicitis (17.9%). Complications developed in 14.8% out of these. The frequency of complications was related with indication for hysterectomy, age, parity and history of associated serious illness. It was found that frequency of complications in fibroid uterus was higher (4.2%) than that for dysfunctional uterine bleeding (DUB) (3.0%). There was no pre-operative death associated with hysterectomy. In order to reduce these proper selection, pre-operative preparation and less invasive alternative treatment for the commonest indications of hysterectomy (that is fibroids and DUB) for example various methods of endometrial ablation or resections can be employed.

Post- operative complications were anaemia in 15, pyrexia in 6, bladder injury in 2 and wound infection in 1 case. Dicker et al[18] women who underwent vaginal hysterectomy experienced significantly fewer complications than women who had undergone abdominal hysterectomy. The difference was probably attributable to the prevalence and efficacy of prophylactic antibiotic use among the former group. Vaginal hysterectomy was associated with more unintended major surgical procedures but less febrile morbidity, bleeding requiring transfusion, hospitalization, and convalescence than abdominal hysterectomy. Vaginal hysterectomy with prophylactic antibiotics should be strongly considered for those reproductive age women for whom either surgical approach is clinically appropriate.

Jandial et al[19] found that the most common type of hysterectomy was total abdominal hysterectomy with bilateral salpingoophorectomy with 102 cases (63.7%). Peak incidence at 5th decade of life in 92 cases (57.5%) was noted. The most common clinical indication was fibroid uterus in 81 cases (50.6%). Proliferative phase of endometrium was the commonest finding in 87 cases (54.3%). In case of myometrium, 95 leiomyomas were noted. On histomorphological study of cervical lesions, chronic cervicitis was commonest finding in 75 (46.8%) cases.

CONCLUSION

Indications for surgery was fibroids, leiomyoma, endometrial carcinoma, endometrial hyperplasia and benign ovarian mass. Post- operative complications were anaemia, pyrexia, bladder injury and wound infection.

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