

A Retrospective Review of Hysterectomies at a Tertiary Care CentreMohini Rajoriya¹, Sanju Agarwal^{2*}, Ayushi Bhardwaj³¹Assistant Professor, Department of Obstetrics & Gynaecology, MGM Medical College, Indore M.P., India²Senior Resident, Department of Obstetrics & Gynaecology, MGM Medical College, Indore M.P., India³P.G. 3rd Year Resident, Department of Obstetrics & Gynaecology, MGM Medical College, Indore M.P., India

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Abstract

Background: Now a days hysterectomy is one of the most common surgical procedures conducted in Gynaecology all over the world. It has significant associated complications. **Objectives:** The current study was carried out to find out the indications, route of hysterectomy and associated complications. **Methodology:** A retrospective study of all the cases of hysterectomy from 1st November 2018 till 31st October 2019 done at Maharaja Yashwant Rao Hospital, Indore. **Results:** A total of 281 hysterectomies were done during the study period. Out of this 131 were vaginal hysterectomies while the remaining was abdominal. Most of the patients were not booked and from rural areas. The most common age group was 40-50 years of age. Major indications were dysfunctional uterine bleeding, fibroid uterus and prolapsed uterus. **Conclusion:** Hysterectomies are most commonly done for dysfunctional uterine bleeding in the 40-50 years age group. To reduce complications it is necessary to properly select the cases and do proper pre operative preparation.

Keywords: hysterectomy, dysfunctional uterine bleeding (DUB), complications.

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Introduction

Hysterectomy is currently one of the most common major elective procedures in the world. It is done by both abdominal and vaginal route. It is a treatment option for many benign and malignant conditions but not free of associated morbidity or mortality[1]. There is always a disagreement on the valid causes for carrying out a hysterectomy. Most of the hysterectomies are carried out for improving the quality of life and hence any associated morbidity is unacceptable to patients[2]. It has shown good results with low rates of complications in symptomatic fibroids, dysmenorrhoea, dysfunctional uterine bleeding and endometriosis[3]. The current study was carried out to find out the indications, route of hysterectomy and associated complications.

Materials and Methods

This study was carried out in the Gynaecology department of Maharaja Yashwant Rao Hospital, Indore in India. This was a retrospective study of all the cases of hysterectomy from 1st November 2018 till 31st October 2019. Cases of hysterectomy for benign conditions were identified and their case records used to

assemble data for age, parity, indications, menstrual history, and route of the surgery and post operative complications.

Histopathology reports were also obtained for these patients. All the data were summarised and tabulated. Obstetrical hysterectomies were excluded from the study.

Results

A total of 281 hysterectomies were done during the study period. Out of this 131 were vaginal hysterectomies while the remaining was abdominal. Age of the patients were ranging from 31 years to 60 years (Table 1). Most of the patients were not booked (198). The most common complaints included excessive menstrual bleeding, something coming out of the vagina and chronic pelvic pain. Major indications for operating were fibroid uterus (38.07%) dysfunctional uterine bleeding (24.9%), and prolapsed uterus (29.18%) (Table 2).

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Table 1: Distribution of patients according to age groups (n=281)

Age group(years)	n (%)
31-40	22 (7.8)
41-50	142 (50.5)
51-60	88 (31.31)
61 and above	29 (10.3)

Table 2: Indications for hysterectomy (n=281)

Indication	n (%)
DUB	70 (24.9)
Fibroid uterus	107 (38.07)
PID	4 (1.4)

Prolapse	82(29.18)
Adenomyosis	8(2.8)
Others	10 (3.5)

Table 3: Complications of hysterectomy (n=281)

Complications	n (%)
Wound infection	12 (4.27)
UTI	18 (6.4)
Fever	15 (5.3)
Wound dehiscence	5 (1.7)
Bladder Injury	2 (0.7)
Respiratory Infection	4(1.4)
Mortality	0(0)

In majority of the cases TAH bilateral ovaries were removed. In all cases of vaginal hysterectomy ovaries were conserved. All cases of vaginal hysterectomy were associated with pelvic floor repair. The rate of complications was higher in abdominal hysterectomies as compared to vaginal hysterectomies. The most common complications were infection of the wound or urinary tract or chest infection (Table 3)

Discussion

More than 90% of gynaecological surgeries are performed for benign conditions with the major objective of improving the patient's health related quality of life[4]. This study showed that the commonest indication for hysterectomy was fibroid uterus followed by DUB. Operative complications are common in surgery for fibroid as compared to surgery for DUB. It is reported that the most common indications for hysterectomies are leiomyomas (38.07%), prolapsed (29.8%), Adenomyosis (2.8%), malignancy (10.7%), the remaining 20.7 percent included disorder of menstruation and abnormal bleeding, diseases of parametrium or pelvic peritoneum, infection and other diseases of cervix, ovaries, fallopian tube, obstetric catastrophe and benign neoplasia other than leiomyoma [5,6]. Such findings have also been found in our study. Excessive menstrual bleeding was the main indication for HT (52/70;74%). Uterine prolapse (10) and fibroid (3) were the other indications as reported by Amarjeet Singh and Arvinder Kaur Arora[7]. Similar indications have also been reported by Pradhanang V et al in their study in Nepal [8]. Recently a fall in the use of hysterectomies has been seen due to use of laparoscopic and hysteroscopic procedures, endometrial ablation devices, progesterone based intra uterine devices and umbilical artery embolisation as a substitute to hysterectomy[9]. To reduce the number of hysterectomy and associated complications less invasive alternate treatment methods can be tried. Majority of the cases of fibroid were operated usually to treat symptoms of menorrhagia, severe dysmenorrhoea, pelvic pressure, ureteral compression or rapid uterine enlargement[6]. Most of the cases of prolapse underwent vaginal hysterectomy with pelvic floor repair. It is recommended that in perimenopausal women the ovaries should be removed during hysterectomy[10]. Such was the case in this study also. As anaemia and weakness subsequent to blood loss due to surgery has a negative impact on quality of life all precautions were taken to minimise blood loss. Post operative complications were found to be common in abdominal hysterectomy as compared to vaginal hysterectomy. A large multicentre retrospective study in the US by Centre for Disease Control showed that the rate of

complications is 1.7 times more in abdominal hysterectomy as compared to the vaginal route [5]. This study showed the rate of complication to be 29.8% in vaginal hysterectomies and 39% in abdominal hysterectomies.

Conclusion

The most common cause of conducting hysterectomy is DUB especially in the perimenopausal age group. As this is fraught with complications alternative methods should be tried for such conditions.

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