

Original Research Article

A Prospective Study to Evaluate the Prevalence of Hysterectomy in a Tertiary Care Center**Suresh Chand Garg***Associate Professor, Department of Obstetrics & Gynaecology, Government Medical College & Associate Groups of RBM Hospital, Bharatpur, Rajasthan, India***Received: 15-05-2021 / Revised: 18-06-2021 / Accepted: 05-08-2021****Abstract**

Background: Hysterectomy is one of the most common major gynaecological operative procedures performed worldwide. It can be performed by abdominal, vaginal or laparoscopic route. The present prospective study was conducted to evaluate the prevalence of hysterectomy in a tertiary care center. **Materials and Methods:** The prospective study was conducted in the department of obstetrics and gynaecology to evaluate the prevalence of hysterectomy in a tertiary care center. 280 cases were randomly selected for the study whose common indication of hysterectomy. Clinical examination and evaluation were done. Other necessary investigations were done. The recorded data was compiled, and data analysis was done. **Results:** In the present study total 280 patients were selected for the study that were indicated for hysterectomy. Majority patient belongs to age group 31-40yrs (37.5%) followed by 41-50yrs (29.28%). Majority patients indicated for abdominal hysterectomy (73.21%) followed by vaginal (26.78%). **Conclusion:** The present study concluded that majority patient of belongs to age group 31-40yrs and Majority patients were indicated for abdominal hysterectomy.

Keywords: Hysterectomy, Abdominal Hysterectomy, Vaginal

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Introduction

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)[1]. Hysterectomy is currently one of the most common gynecological surgical procedures[2]. Approximately one in three women has undergone hysterectomy surgery by age 60 with approximately 6, 00,000 hysterectomies performed annually in the United States[3]. Routes for Hysterectomy include abdominal, vaginal, laparoscopic or combined approaches. Due to its advantages vaginal hysterectomies are more and more performed now, only drawback is lack of expertise. ACOG in 1990 has established the guidelines stating that vaginal hysterectomy can be performed in patients with mobile uterus whose size no longer than twelve weeks size[4]. The improved hospital care, availability of blood transfusion, advanced anesthesia and above all the advent of antibiotics has opened up a new era and thereby broadened the indications for hysterectomy with minimum post-operative morbidity and mortality. However, hysterectomy must never be done without proper indication according to Taylor, hysterectomy should. be done when the risk of preserving the uterus is greater than the risk of removal or when there are disabling symptoms for which there is no successful medical treatment. Vaginal Hysterectomy is advantageous over Abdominal Hysterectomy in removing uteri weighing ≤ 500 gm with comparable operating time, less post-operative pain and shorter recovery[5]. The present prospective study was conducted to evaluate the prevalence of hysterectomy in a tertiary care center.

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E-mail: me.rishabhgarg@gmail.com**Materials and methods**

The prospective study was conducted in the department of obstetrics and gynaecology to evaluate the prevalence of hysterectomy in a tertiary care center. Before the commencement of the study ethical approval was taken from the Ethical Committee of the institute and written consent was taken from the patient after explaining the study. 280 cases were randomly selected for the study whose common indication of hysterectomy. Clinical examination and evaluation were done. Other necessary investigations were done if clinically indicated and to prepare the patient for anesthesia. Then the cases were again evaluated according to preoperative findings. The recorded data was compiled, and data analysis was done using SPSS Version 20.0 (SPSS Inc., Chicago, Illinois, USA). P-value less than 0.05 was considered statistically significant.

Results

In the present study total 280 patients were selected for the study who were indicated for hysterectomy. Majority patient belongs to age group 31-40yrs (37.5%) followed by 41-50yrs (29.28%). Majority patients indicated for abdominal hysterectomy (73.21%) followed by vaginal (26.78%).

Table 1: Distribution of patients according to age group

Age group	N(%)
20-30yrs	47(16.78%)
31-40yrs	105(37.5%)
41-50yrs	82(29.28%)
51-60yrs	34(12.14%)
Above 60 yrs	12(4.28%)
Total	280(100%)

Table 2: Distribution according to indication of hysterectomy

Indication of Hysterectomy	N(%)
Abdominal	205(73.21%)
Vaginal	75(26.78%)
Total	280(100%)

Discussion

Vaginal hysterectomy is continuously evolving, with addition of new technique, instruments. In cases other than uterine prolapse size of the uterus, previous vaginal deliveries, previous pelvic surgery or caesarean section, pelvic adhesions, etc are limiting factors for vaginal hysterectomy. While multiparity, lax tissues following multiple deliveries and decreased tissue tensile strength provide comfort to vaginal surgeon even in the presence of uterine enlargement. Vaginal hysterectomy is a natural orifice surgery, with minimal complications, no cosmetic discomfort, early recovery and best physiological repair in prolapse patients. Both the American Congress of Obstetricians and Gynecologists[6], American Association of Gynaecologic Laparoscopists[7] recommend vaginal hysterectomy as the preferred route of hysterectomy for benign indications. Yet the abdominal approach is still the most utilized approach at this facility, accounting for 78% of the hysterectomies. The general impression from this and other studies is that surgeon expertise, patient weight and the need for adnexal surgery may play the strongest roles in determining the ultimate route for hysterectomy [8-15]. In the present study total 280 patients were selected for the study who were indicated for hysterectomy. Majority patient belongs to age group 31-40yrs (37.5%) followed by 41-50yrs (29.28%). Majority patients indicated for abdominal hysterectomy (73.21%) followed by vaginal (26.78%). Akhter S et al did a study to find out the common indications of abdominal hysterectomy in a tertiary care hospital, to know the clinical characters of the patients and to elucidate postoperative complication of abdominal hysterectomy. In the present study patients with leiomyoma of uterus was found to be the major indication of hysterectomy followed by dys-functional uterine bleeding (DUB) 18.0%, Pelvic inflammatory disease (PID) 14.0%, chronic cervicitis 10.0%, adenomyosis 10.0%, pelvic endometriosis 6.0%, cervical polyp 2.0%, ovarian cysts 1.0% and choriocarcinoma 1.0%. Mean duration of operation (hour) and hospital stay was 1.15 hours and 7.48 days respectively. Most common complication of present series was fever 20.0% followed by 13.0% had wound infection, 6.0% UTI and 2.0% wound dehiscence[15]. A S Patil et al performed a study on total 164 patients. Most common age group in our study was 51-60 years (35.97 %), followed by 51-60 years (35.97 %). 58.55 % patients were postmenopausal and 28.66 % were perimenopausal. Most common indication for hysterectomy was uterine prolapse with cysto-rectocele in 86 patients, followed by adenomyosis in 23 patients and dysfunctional uterine bleeding in 21 patients. Most of our patients had uterine size upto 6 weeks (63.41 %), only 7 patients were had uterine size 12-16 weeks. Common complication was vault hematoma in 3 patients. One patient required laparotomy, for rectal injury required colostomy[16].

Conclusion

Present study concluded that majority patient of belongs to age group 31-40 yrs and Majority patients were indicated for abdominal hysterectomy.

References

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