

1 Clinical Trends, Indications, Postoperative Complications of 2 Hysterectomy Patients-A Retrospective Study

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8 **Abstract**

9 **Background:** Hysterectomy is today a relatively safe routine operation performed commonly
10 worldwide done in women next only to cesarean delivery. Our study aims to know the clinical
11 profile, indications, post-operative complications of patients who underwent an abdominal
12 hysterectomy.**Methods:** This is the retrospective study of 41 cases of abdominal hysterectomy
13 done for benign conditions of the uterus. The study period was from August 2018 to January
14 2019 at tertiary care hospital, Mumbai. We chose women who underwent abdominal
15 hysterectomy in the period 6 months irrespective of their age, parity or clinical presentation.
16 **Results:** The study group had women between 35-65 years. 46.3

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18 **Index terms**— hysterectomy, mumbai, clinical profile, fibroid, menorrhagia.

19 **1 Introduction**

20 **Hysterectomy** is today a relatively safe routine operation performed commonly. In India, only extrapolated figures
21 are available based on international data base 2004. According to this, out of 1,065,070,607 women, 2,310,263
22 have had hysterectomy (2.16/1,000 women) (1). The rate of hysterectomy in India seems to be on the rise.

23 The common indication of hysterectomy are fibroid uterus, dysfunctional uterine bleeding (DUB), prolapsed
24 genital organ, etc. The various techniques and approaches include abdominal, vaginal, and laparoscopy.
25 The lifetime risk of hysterectomy ranges rate of concurrent oophorectomy with this procedure because of
26 the early menopause that ensues specially in the premenopausal women. Although hysterectomy is the
27 definitive treatment for many conditions, it is not risk-free. It is associated with the risk of iatrogenic
28 **Author ? :** Grant Government Medical College and Sir J.J Group of Hospitals, Mumbai, Maharashtra,
29 India. e-mails: fabulousmridula@gmail.com, drmridularaghav@hotmail.com premature menopause, surgical and
30 anesthetic complications. Hence an audit is mandatory to evaluate the indications of hysterectomy. This study
31 of 41 cases of abdominal hysterectomies for the benign condition of uterus has been taken to study the clinical
32 profile, indications, complaints, and complications. In response to the consistent demand for this procedure,
33 recent reports have identified hysterectomy as a key health indicator used to measure and compare hospital
34 performances (1). The present study attempts to analyze the trend of abdominal hysterectomy over the past six
35 months in a tertiary care centre at Mumbai, India.

36 **2 II.**

37 **3 Methods**

38 This is a retrospective study done from August 2018 to January 2019, in the department of obstetrics and
39 gynecology, at tertiary care hospital, Mumbai, India. Data collected were analyzed using descriptive statistics
40 based on the parameters of age, parity, complaints, indications, complications and presented in percentages.

7 CONCLUSION

4 III.

5 Results

41 women who had undergone abdominal hysterectomy for benign conditions of the uterus were studied at tertiary care hospital, Mumbai, India between August 2018 to January 2019. IV.

6 Discussion

46 In this study on 41 hysterectomy cases, a few observations were read regarding the anthropometric data, clinical presentation, indications, postoperative complication study observations are described below.

48 We divided the patients into six groups depending on their age. Most common age group was between 45-50 years, and similar reports were also given by ??ucheta KL et So, in our study dysfunctional uterine bleeding and Leiomyoma were found to be the main indications for hysterectomy and similar reports were observed in other series also. Seven of the patient had hypertension, two patients had hypothyroidism, and one patient had bronchial asthma. 36.5% of the patient had associated bilateral salpingo-oophorectomy, 19.05 % had associated right salpingo-oophorectomy, and 21.9% had associated left salpingo-oophorectomy. 4.8 % of patient had subtotal hysterectomy; subtotal hysterectomy was done because of adhesion and difficult tubo-ovarian mass. In our study following complications are noted:

56 Post-operative wound infection occurred in 5 cases comprising 12.1% of cases. Hemorrhage: Blood transfused to patients in intra operative or post-operative period is included in this category. Eight patients out of 41 cases required one or more pints of blood either intraoperatively or postoperatively. That means 19.5% of cases required one or more pints of blood either intraoperatively or postoperatively. We observed wound dehiscence in three cases which needed re-suturing of the wound (7.3%). Miscellaneous: Urinary bladder rent seen in one case.

61 V.

7 Conclusion

63 Hysterectomy will remain a common gynecological operation in both developing and developed countries. Women aged between 45-50 years with multiparous status were commonly affected. Abnormal menstrual flow was the most common presenting complaint. Commonest indications for hysterectomy were fibroid and dysfunctional uterine bleeding. We found no mortality in this study.

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Age	Percentage
35-40	9.7%
40-45	26.8%
45-50	46.3%
50-55	9.7%
55-60	4.8%
60-65	2.4%

Majorly, hysterectomy was performed in para two and para three cases.

[Note: H]

Figure 1: Table 1 :

2

Complaints	Percentage
Abnormal uterine bleeding	70.7 %
Pain	9.7%
Genital organ prolapse	12.1%
Postmenopausal bleeding PV	7.3%

Figure 2: Table 2 :

3

Indications	Percentage
DUB	26.8 %
Fibroid	56 %
Adenomyosis	9.7%
Prolapse	4.8%
Polyp	2.4 %
Febrile morbidity, hemorrhage, wound infection and urinary tract infection was commonly encountered complications after a hysterectomy. No mortality was seen in 41 cases studied.	

Figure 3: Table 3 :

Sucheta K L et al. (al. (3), Watts et al. (2) reported that 45.2% of hysterectomies were done between 41-50years,Sivapragasam V et al. (4) reported 52.5%. In this series, no women were nulliparous whereas Sucheta KL et al. only 5% of women were nulliparous, Sivapragasam V et al. 2 %.So we can say that parity has got a definite role to play.

The patient presented with the various symptom. The main complaint was abnormal menstrual flow in 70.7% of cases, pain abdomen 9.7%, prolapse 12.1% of cases, post-menopausal bleeding 7.3%. It was observed that the single most complaint was abnormal menstrual flow comprising of 70.7% of cases. Similarly

Figure 4:

4

Parameters	Our Study	Sucheta KL et al	Sivapragasam V et al
Age group	45-50 yrs (46.3 %)	41-50 yrs (50%)	41-50 yrs (52.5%)
Parity	All multiparous	5 % Nulliparous	2% Nulliparous
Complaints	AUB (70.7 %) Prolapse (12.1 %)	62 % 24%	28% 16 %
Indication	Fibroid (56 %) DUB (26.8 %)	23 % 33%	21 % 28%

Figure 5: Table 4

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