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

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Abstract- *Background:* Hysterectomy is today a relatively safe routine operation performed commonly worldwide done in women next only to cesarean delivery. Our study aims to know the clinical profile, indications, post-operative complications of patients who underwent an abdominal hysterectomy.

Methods: This is the retrospective study of 41 cases of abdominal hysterectomy done for benign conditions of the uterus. The study period was from August 2018 to January 2019 at tertiary care hospital, Mumbai. We chose women who underwent abdominal hysterectomy in the period 6 months irrespective of their age, parity or clinical presentation.

Results: The study group had women between 35-65 years. 46.3% belonged to 45-50 years of age. Majorly, hysterectomy was performed in para two and para three cases. Most common complaint was abnormal menstrual flow (70.7%). Commonest indication for hysterectomy was Fibroid (56%) and DUB (26.8%).

Keywords: *hysterectomy, mumbai, clinical profile, fibroid, menorrhagia.*

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

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Conclusions: Women aged between 45-50 years with multi-parous status were commonly affected. Abnormal menstrual flow was the most common presenting complaint. Commonest indications for hysterectomy in our study were Fibroid and dysfunctional uterine bleeding.

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I. Introduction

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

The common indication of hysterectomy are fibroid uterus, dysfunctional uterine bleeding (DUB), prolapsed genital organ, etc. The various techniques and approaches include abdominal, vaginal, and laparoscopy. The lifetime risk of hysterectomy ranges from 30-40% (5). We gave considerable attention to the rate of concurrent oophorectomy with this procedure because of the early menopause that ensues specially in the premenopausal women. Although hysterectomy is the definitive treatment for many conditions, it is not risk-free. It is associated with the risk of iatrogenic premature menopause, surgical and anesthetic complications. Hence an audit is mandatory to evaluate the indications of hysterectomy. This study of 41 cases of abdominal hysterectomies for the benign condition of uterus has been taken to study the clinical profile, indications, complaints, and complications. In response to the consistent demand for this procedure, recent reports have identified hysterectomy as a key health indicator used to measure and compare hospital performances (1). The present study attempts to analyze the trend of abdominal hysterectomy over the past six months in a tertiary care centre at Mumbai, India.

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II. Methods

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

III. Results

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

Table 1: The study group had women between 35-65 years. 46.3 % belonged to 45-50 years of age.

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.

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Table 2: Most common presenting symptom was abnormal menstrual flow (70.7%).

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

Table 3: Commonest indication for hysterectomy was Fibroid (56%) and DUB (26.8%).

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.

IV. Discussion

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.

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 Sucheta KL et 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 Sucheta K L et al. (62%) and Watts et al. in (57.7%), Sivapragasam V et al. 28 %, reported that abnormal menstrual flow was the most common complaint. Next common complaint was prolapse in 12.1% of cases. Sucheta KL et al. reported 24%, Watts et al. found in 12.5%, Sivapragasam V et al. 16%. We observed abdominal pain in 9.7% of cases. Watts et al. reported 17.2%, Sucheta KL et al. 25%. We saw post-menopausal bleeding in 7.3 % of cases as compared to 4% in Sucheta KL et al. series.

A fibroid is the most common indication for hysterectomy constituting about 56 %, 23% of cases in Sucheta KL et al., Sivapragasam V et al. 21 %. DUB about 26.8 %, 33% of cases in Sucheta KL et al. Prolapse of the uterus constituted 12.1% cases in this study. We found adenomyosis in 9.7% of cases, Sucheta KL et al. reported 4 % cases, Sivapragasam V et al. 1 %. 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:

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.

Table 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%

V. Conclusion

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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References Références Referencias

1. Bala R, Devi K P, Singh C M. Trend of hysterectomy: A retrospective analysis in Regional Institute of Medical Sciences (RIMS). J Med Soc 2015; 29: 47.
2. Watts, Kimbrough. Clinical profile of adenomyosis. J Obst Gyn. 1956; 7: 483.
3. Sucheta K L, Manangi M, Madhu K P, Arun B J, Nagaraj N. Hysterectomy: clinical profile, indications and postoperative complications. Int J Reprod Contracept Obstet Gynecol 2016; 5: 2093-6.
4. Sivapragasam V, Rengasamy C K, Patil A B. An audit of hysterectomies: indications, complications and clinico pathological analysis of hysterectomy specimens in a tertiary care center. Int J Reprod Contracept Obstet Gynecol 2018; 7: 3689-94.
5. Perveen S, Ansari A, Naheed F, Sultana A. Pattern of lesion in hysterectomy specimens and clinical correlation. Pak J Med H S 2014; 8(2): 465-8.

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