Abdominal Hysterectomy For Benign Diseases

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ABSTRACT

Objective — *To determine the frequency, indications and complications related to abdominal hysterectomy.*

Study design — *Retrospective review of records.*

Place & Duration of study — *Department of Obstetrics and Gynecology, Khairpur Medical College (KMC), Khairpur Mirs, From August 2014 to July 2017.*

Methodology — *All patients operated for abdominal hysterectomy for benign conditions during the study period were included. Patients operated for gynecological malignancies and obstetrical hysterectomy were excluded. Data was retrieved from different sources including ward registers, operation theater registers and patient`s files. Data was entered and analyzed by using SPSS V-22. Descriptive statistics were used for presentation.*

Results — *A total of 526 major gynecological procedures were performed during the study period. This included 241(39,5%) hysterectomies. The frequency of abdominal hysterectomy for total number of hysterectomies was 86% (n=208). Of the sub types of hysterectomy, total hysterectomy prformed through abdominal approach were 187 (89.9%) and subtotal hysterectomy 21 (10%). Most (n=91 - 41%) of the patients were between 35 year to 50 year of age.*

Most common indication for hysterectomy was dysfunctional uterine bleeding (DUB - 43.7%) followed by uterine fibroid (n=50 - 24%), ovarian mass (n=30 - 14.4%), pelvic inflammatory disease (n=17 - 8.1%), utero vaginal prolapse (n=13 - 6.2%), post-menopausal bleeding (n=4 - 1.9%) and endometrial polyp (n=3 - 1.4%). Complications in postoperative period included pyrexia (n=24 - 11.5%), wound infection (n= 19 - 9.1%). Vault prolapse occurred in 2 (0.9%) patients and 1 (0.4%) woman developed vesico vaginal fistula.

Conclusions — *Most common indication for abdominal histerectomy was DUB. It was followed by fibroid uterus. Minimal complications were noted in postoperative period.*

Key words — *Abdominal hysterectomy, Dysfunctional uterine bleeding, Fibroid uterus.*

INTRODUCTION:

Hysterectomy is the second most common surgical procedure performed in women.[1] its frequency varies according to the geographic distribution, patient and physician related factors.[2] Nearly 600,000 hysterectomies are carried out in USA every year.[3] In UK 100,000 hysterectomies are performed annually.[4] It is expected that nearly 20% of women by the age of 60 year will have this procedure.[2] The average age of women undergoing hysterectomy in the United States is 42.7 year.[5] The route of hysterectomy is selected by the patients' pelvic anatomy, surgical indication, surgeon's expertise and informed patient preference.[6] About 12% of hysterectomies are performed by laparoscopic route, 22% by vaginal approach and 66% by open abdominal appraoch.[7]

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Total abdominal hysterectomy is defined as removal of uterus and cervix and in subtotal hysterectomy only uterus is removed.[8] Subtotal abdominal hysterectomy is quick and safe. It has 1% chance of cervical stump carcinoma and 5% chance of persistent blood stained discharge.[9] Abdominal hysterectomy is preferred when adhesions are anticipated.[10] There are number of indications for abdominal hysterectomy.[11] However with the advent of effective medical and conservative treatment, options for benign causes, is now questioned.[12] Hysterectomy is also a parameter to measure efficacy and quality care of any hospital.[3] Early work on depression among patients with hysterectomy confirmed that the women were more depressed after hysterectomy than other type of surgery.[13] The rates of various complications with hysterectomy varied from 0.5 to 43%.[14]

A continue audit and review of hysterectomy procedure helps in reducing unnecessary surgical interventions with associated morbidity. The objective of this study was to determine the frequency, age, indications and complications related to abdominal hysterectomy.

METHODOLOGY:

This was a retrospective review of records of all the patients who had abdominal hysterectomy for benign conditions from August 2014 to July 2017 at Lady Willingdon Hospital Khairpur Medical College, Khairpur Mirs. Patients operated for gynaecological malignancies and obstetrical hysterectomy were excluded. The data was collected on a form. Variables analyzed included the frequency of abdominal hysterectomy, age, indications, and complications. Descriptive statistics were used for all presentation.

RESULTS:

During the study period 526 major gynaecological operations were performed. This included 241 hysterectomies. Number of total abdominal hysterectomy performed were 187 (89.9%). Of the total 91(41%) patients were between 35 year to 50 year. The most common indication was DUB (43.7%) followed by uterine fibroid (24%). Details are given in table I. Twenty-two (10.5%) patients required blood transfusion during surgery. Procedure related complications are given in table II. There was no mortality in this group of patients.

DISCUSSION:

Abdominal hysterectomy is the most common gynaecological operation done for benign diseases. In Nigeria, total abdominal hysterectomy accounted for 18.2% of all major gynaecological operations.[1] in our study the frequency of abdominal hysterectomy for total gynaecological operation was 39.5%. A study conducted in India showed that the prevalence of hysterectomy was 32 %.[15] Approximately 70-80% hysterectomies have been performed abdominally in US, the UK and Finland but only 30% in Australia.[16] In our study abdominal hysterectomy accounted for 86% of total hysterectomies. This is comparable with other parts of the world.

Subtotal hysterectomy was performed in 21(10%) patients. This is similar to other study.[10] In our study majority of the patients belonged to middle age group. This figure coincides with that from an Indian study. Many studies showed that majority of hysterectomies were performed in the fifth decade.[11] A study conducted at Nigeria showed that hysterectomy was commonest among 40-49 year of age group.[12]

In our study the most common indication of abdominal hysterectomy was DUB followed by fibroid uterus. Similar pattern was reported in a study from Karachi where DUB was the indication in 62.5% patients.[17] In a study conducted at Peshawar DUB was reported as more common than fibroid.[18] In a study from Canada the commonest indication of

Table I: Indications of Abdominal Hysterectomy

Indications	Number (n)	Percentage (%)
DUB	91	43.7
Fibroid	50	24
Ovarian mass	30	14.4
Pelvic inflammatory Disease	17	8.1
Uterovaginal prolapse	13	6.2
Post-menopausal bleeding	4	1.9
Endometrial polyp	3	1.4
Chronic cervicitis	2	0.9

Table II: Procedure Related Complications		
Intraoperative Complications	**Number (n)**	**Percentage (%)**
Ureteric injuries	00	00
Bladder injuries	00	00
Bowel injuries	00	00
Mortality	00	00
Postoperative Complications		
Pyrexia	24	11.5
Wound infection	19	9.1
UTI	16	7.6
Delayed Complications		
Vault prolapse	2	0.9
Urinary fistula	1	0.4

hysterectomy was DUB (26.4%) followed by fibroid uterus.[4]

In our study 11.5% developed postoperative pyrexia which was the most common complication. In a study from Nigeria postoperative pyrexia was reported in 24 % women.[8] In our study 9.1% patients developed wound infection. This was more common in women with high BMI, diabetes mellitus and anemia. All patients were managed conservatively. Similar data was reported in another study from Karachi that showed wound infection rate of 8.3%.[17] Hysterectomy has a high patient satisfaction rate because it cures the problem and usually performed when medical treatment fails.[18]

CONCLUSIONS:

Abdominal hysterectomy was found to be one of the commonest gynaecological procedures performed. It was found safe with minimal complications.

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