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Clinical Evaluation of Total Abdominal Hysterectomy: A Retrospective Study in a Tertiary Care Hospital.

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ABSTRACT

Total abdominal Hysterectomy is one of the most common gynaecological operations in our country. Aim of this present study is to find out the common indications of abdominal hysterectomy in a tertiary care hospital and to compare the clinical characters and demographic features of the patients. Cross-sectional observational study was done during 1st November, 2021 to 31st October, 2022 in the Department of Gynaecology of NRS Medical College Hospital (NRSMCH). Total 100 patients were selected following inclusion & exclusion criteria. In this present study leiomyoma of uterus was found to be the most common indication of hysterectomy (36%) followed by abnormal uterine bleeding (AUB) 24.0%, Pelvic inflammatory disease (PID) 16.0%, adenomyosis 10.0%, pelvic endometriosis 11.0%, cervical polyp 2.0%, ovarian cysts 1.0% and. 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 12.0% followed by 7.0% UTI. 4.0% had wound infection. and 2.0% wound dehiscence. Hysterectomy is now the most widely performed major operation in gynaecology. Indication and post operative complications of hysterectomy varies in different studies.

Keywords: Hysterectomy, Indications, complications.

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INTRODUCTION

Hysterectomy is one of the most common gynaecological operations in which the uterus removed either completely (total hysterectomy), or partially removed preserving the cervix (sub-total hysterectomy), or may be removed with the tubes and ovaries (total hysterectomy with bilateral salpingoophorectomy).

Historically, Langen Beck performed the first abdominal hysterectomy in 1825. Porro first performed the subtotal caesarean hysterectomy successfully in 1876, where Wertheim performed the first abdominal hysterectomy in 1898. Seventy percent (70%) of hysterectomies now a day are abdominal and thirty percent (30%) are vaginal [1]. Hysterectomy is usually performed for problems including uterine fibroids, endometriosis, adenomyosis, utero vaginal prolapse, heavy or abnormal menstrual bleeding, and at least three forms of carcinomas (uterine, cervical, ovarian).

Hysterectomy is also final surgical treatment for uncontrollable postpartum haemorrhage (PPH). In our country conventional abdominal and vaginal methods are traditionally performed throughout most hospitals and clinics although laparoscopic hysterectomy has become popular.

Objectives

- To know the clinical and socio-demographic characters of the patients.
- To know the indications of abdominal hysterectomies,
- To see the postoperative complications like hemorrhage, urinary tract, wound and other system infections.

MATERIALS AND METHODS

This cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, NRSMCH, Kolkata from 1st October 2021 to 30th September 2022. Random sampling was done. Total 100 patients were selected consecutively after considering inclusion and exclusion criteria.

Patients admitted for abdominal hysterectomy in the Department of OBG, NRSMCH were enrolled in this study. Patients unwilling to take part in the study, Septic abortion, Ruptured uterus, PPH, Ovarian Malignancy, Carcinoma Cervix were excluded from the study. After admission, written consents were taken from the patients. Diagnosis was made on the basis of history and examination and relevant investigations. Preoperative findings were evaluated and diagnosis was confirmed by histopathology. All personal data were gathered. The results were presented in tables and figures.

RESULTS

Out of 100 patients, Leiomyoma of uterus (36%) was found to be the major indication of hysterectomy followed by AUB (20.0%) and most common in between 41-45 years of age Hysterectomy for other indications are in 3rd decades (Table I).

Table I : Distribution of patients on indication of hysterectomy and age Indication of Percent Age in years hysterectomy

Indications of Hysterectomy	Percent	Age in years			
		35-41	42-46	47-51	52-55
Leiomyoma Of Uterus	36.0	4	20	10	2
AUB	24.0	4	14	4	2
PID	16.0	4	8	2	2
Pelvic Endometriosis	11.0	4	6	1	-
Adenomyosis	10.0	4	6	-	-
Cervical Polyp	2.0	1	1		
Ovarian Cysts	1.0	-	1		
Total	100	21	56	17	6

In this study most of the patients belongs to the lower socioeconomic class (56.0%) followed by 39.0% from middle socioeconomic group (Table II).

Table II: Patients distribution of Socioeconomic status (n =100)

Socioeconomic status	percent
Upper	5
Middle	39
Lower	56
Total	100

Out of all patients maximum 64% had heavy menstrual flow, with most of them giving history of passage of clots during menstrual cycle; followed by 27 % average flow (4-5 pads/day) and only 9% had scanty flow (Table III).

Table III: Distribution of the respondents by amount of menstrual flow (n=100)

Flow	Percent
Heavy	64
Average	27
Scanty	9
Total	100

Out of all patients 65.0% patients had menorrhagia [menstrual flow increased either in amount or duration cyclically], 45.0% had Dysmenorrhoea [menstruation associated with varrying degree of pain] and 50.0% patients had along with these Polymenorrhagia [menstrual cycle <21days] (Table IV).

Table IV: Distribution of patients by menstrual condition

Menstrual condition	Percent
Menorrhagia	65.0
Dysmenorrhoea	45.0
Polymenorrhagia	50.0

* Multiple responses

Out of all patients 75.0% had uneventful recovery, 7.0% had developed UTI, 12.0% had fever, 4.0% had wound infection and 2.0% had wound dehiscence.

DISCUSSION

In this study it is found that the Mean (+SD) age of the patients undergoing Hysterectomy in the present study was 44.48yrs (+_4.25 yrs) years. All patients were within 36 to 55 years age range. In the study by Amirikia et al age of the women who had undergone hysterectomy was within 30 to 50 years [2]. Similar age incidence reported in other studies [3,4].

In the present study maximum 56.0% patients were from lower socioeconomic condition followed by 39.0% from middle socioeconomic group and rests were from upper socioeconomic group.

The number of hysterectomies performed for leiomyoma uterus was found to vary between studies. According to study by Amirikia et al 76.0% of hysterectomies were performed for leiomyoma uterus but White reported only 19.6%. In our series it was 36.0%. Somewhat similar results were reported by other studies [4, 5]. This variation could be due to the basis of clinical diagnosis. Indications of hysterectomy are usually same in all studies; percentages of indications vary because of availability of medicines which cancels surgical management in many cases. The complications of hysterectomy in present series were with 25% patients, UTI (7.0%), fever (12.0%), wound infection (4.0%), wound dehiscence (2.0%). In Farhana Dewans [6] study 37.0% patients had miscellaneous complications. In our study post-operative complications were far less than these studies [3-6] and that is mostly due to better aseptic conditions during operation and use of superior anti-microbials [7-9].



CONCLUSIONS

Hysterectomy is one of the most common surgeries performed in Gynaecology OT of most of the institutes. However, its indications varies form one institute to another. Newer management modalities of different Gynaecological ailments reducing the needs of surgical interventions.

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