

Views and Reviews of Hysterectomy - A Retrospective Study of 260 Cases Over A Period of 1 Year

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Abstract

Objective : To, critically review cases of hysterectomy with a view to suggest ways of improving health care.

Methods : 260 Hysterectomies performed during period of 1 year [January 2005 to December 2005] were analysed.

Results : Majority of women undergoing hysterectomy were between 20-49 years [66.15%] and belonged to parity two and above [93.85%] commonest indication was fibroid of uterus [36.15%] febrile illness was the commonest morbidity [30.76%].

Fisher's test was used for statistical analysis.

Conclusion : Although it is widely performed, hysterectomy is a relatively safe surgical procedure. The morbidity and mortality of the operation may be further decreased by efforts to minimize the rate of unnecessary hysterectomies and selecting the most appropriate route for the surgery.

Introduction

Hysterectomy is the most common operation performed by the gynaecologist and it is the second most common surgical procedure done in US next to caesarean section.

There are many indications for hysterectomy like dysfunctional uterine bleeding, fibroid uterus, prolapse, post menopausal bleeding using a varieties of techniques and approaches including abdominal, vaginal or laparoscopic.

The gynaecologic surgeon should be not only technically adapt these various procedures, but also should use history, physical examination and discussion with the patient to match the surgical procedure to the patient in order to obtain the most satisfactory outcome.

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Methods

Two hundred and sixty hysterectomies performed during period of one year [January 2005 to December 2005] were analysed.

Results

As shown in Table 1, majority of patients were between age 40 and 50 years [24.61%].

As shown in Table 2, in terms of parity majority of patients requiring hysterectomy were either para two or para three [34.61%].

As shown in Table 3, symptomatology ranged from menorrhagia [37.69%] to Polymenorrhoea [24.61%] and something coming out per vagina (SCOPV) [23.07%] with

Table 1 : Age [n= 260]

Age	Number	Percentage
20-39	48	18.46%
40-49	98	47.69%
50-60	64	14.61%
>60	50	19.23%

equal distribution between the two groups.

As shown in Table 4 fibroid uterus was the first most indication [36.15%], prolapse being the second indication, third being dysfunctional uterine bleeding [23.84%].

As shown in Table 5 ultrasound findings showed fibroid uterus [25.76%], adnexal masses in [19.23%].

As shown in Table 6, route of hysterectomy was almost equally distributed between abdominal [46.53%] and vaginal route [36.91%].

As shown in Table 7, post operative complications fever[30.76%] and wound infection [6.15%] with nil urological complications.

Table 2 : Parity [n= 260]

Parity	Number	Percentage
1	16	6.15%
2	84	32.3%
3	90	34.61%
4	20	7.69%
>5	50	19.23%

Table 3 : Symptoms [n= 260]

Symptoms	Number	Percentage
Menorrhagia	98	37.69%
Polymenorrhoea	64	24.61%
SCOPV	60	23.07%
Chronic pelvic pain	38	15.23%

Table 4 : Indications [n= 260]

Indication	Number	Percentage
Fibroid	94	36.15%
Dysfunctional uterine bleeding	62	23.84%
Prolapse	68	26.15%
Adenomyosis	4	1.53%
Uterine malignancy	6	2.3%
Adnexal mass	26	10%

Discussion

Hysterectomy is one of the commonest surgeries performed in gynaecology for a wide variety of indications.

The rate⁵ of hysterectomy has varied between 6.1 and 8.6 per 1000 women of all ages. About 75% of all hysterectomies are performed in women between the ages 20 and 49 years. Pap smear is not reliable to detect malignancy as in 97.69% showed inflammatory cells, no malignant cells. Most hysterectomies were for benign indications. And only 2.3% were for malignancy.

Table 5 : Ultrasound [n= 260]

Ultrasound findings	Number	Percentage
Normal size	60	23.07%
Atrophic	55	21.15%
Fibroid	67	25.76%
Adnexal mass	50	19.23%
Endometrial thickness > 1 cm	20	7.69%

Table 6 : Type of hysterectomy [n = 260]

Type of hysterectomy	Number	Percentage
Total abdominal hysterectomy	121	46.53%
TAH with BSO	37	14.23%
Vaginal hysterectomy	8	3.07%
Vaginal hysterectomy with 'A' 'P' repair	88	33.84%
Radical hysterectomy	6	2.30%

Table 7 : Postoperative complications [n= 260]

Postoperative complications	Number	Percentage
Fever	80	30.76%
Pain	70	26.92%
Wound infection	16	6.15%
Asymptomatic	92	35.38%
Paralytic ileus	2	0.76%
Urological complication	Nil	Nil

Menorrhagia being the commonest symptom followed by polymenorrhoea and something coming out per vaginum. Chronic pelvic pain was less common indication for hysterectomy. Amongst the various groups fibroid remained favourite indication for removal of uterus[34.6%]⁴ which is comparable to [29%] incidence reported by US department of health and human services, public health services, centre for histopathology revealed proliferative endometrium suggestive of unovulation and hyperoestrogenic milieu. wound infection occur after 46% of abdominal hysterectomies as reported by Esterday CL *et al* our study showed wound infection rate of 6.15%.

In our study there was no mortality, which is in keeping with the low figure and for the same among other studies. Morbidity remains low but significant, with post operative fever and wound pain being the commonest. No cases of vesico-vaginal fistula reported incidence of vesico-vaginal fistula is as low as 0.2% after hysterectomy, as reported by Symmonds.²

Interestingly, hysterectomy is performed more frequently by male gynaecologist than by female gynaecologists.⁶

References

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ADULT-ONSET ASTHMA AND THE WORKPLACE

'Occupational exposures account for a substantial proportion of adult asthma incidence'

The role of exposure to substances in the workplace in new-onset asthma is not well characterised in population-based studies. Manolis Kogevinas and colleagues therefore aimed to estimate the relative and attributable risks of new-onset asthma in relation to occupations, work-related exposures, and inhalation accidents in an international prospective population-based study. Exposures were defined by high-risk occupations, an asthma-specific job exposure matrix with additional expert judgment, and through self-report of acute inhalation events. A significant excess asthma risk was seen after exposure to substances known to cause occupational asthma (such as latex and cleaning products), and the increased risk of asthma after inhalation accidents suggests that workers who have such accidents should be monitored closely. In a Comment, Jean-Luc Malo and Denyse Gautrin discuss the clinical implications of the results of this study and suggest a direction for future research.

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