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## Hysterectomy trend in rural India: An analytical study

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### Abstract

Hysterectomy is second most frequently performed surgery on women, worldwide. Present study aims to find the recent scenario of hysterectomy in rural India by retrospectively analysing hysterectomy data collected from medical records of hospital over a period of one year (August 2017 to July 2018). Total 79 hysterectomies were done. Majority belonging to 45-50 year age group (41.7%). Prevalence of hysterectomy was higher in illiterate multiparous women, with 55.6% having parity >3. Genital prolapse being most common indication, 58.2% hysterectomies were done vaginally. In 25.3% patients, bilateral salpingo-oophorectomy was also performed with hysterectomy. Modern medical management and lesser invasive procedures for gynecological problems still have low acceptance in rural population as they prefer for definitive treatment.

**Keywords:** Hysterectomy, salpingo-oophorectomy, rural India

### Introduction

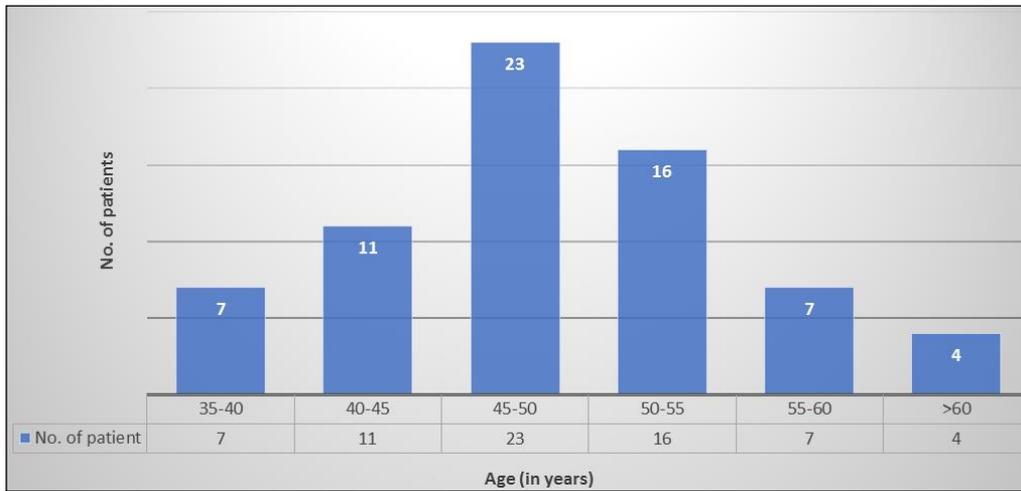
Hysterectomy is most frequently performed gynecological surgery globally, next to C-section. Incidence of hysterectomy varies between and within countries. In United states, estimated 5.1/1000 women underwent hysterectomy in 2004 while 3.1 per 1000 Australian women underwent the same <sup>[1, 2]</sup>. In India 2.16/1000 women have had hysterectomy, according to International data base 2014 <sup>[3]</sup>. As per a study from Gujarat, at an average age of 37 years, 7-8% of rural women and 5% of urban women had already undergone hysterectomy <sup>[4]</sup>. Majority were performed for benign indications such as fibroid uterus, dysfunctional uterine bleeding (DUB), genital organ prolapse and ovarian mass. India is witnessing a rising trend of hysterectomy in recent time. This study aims to analyze recent scenario of hysterectomy in rural India.

### Material and Method

This is a retrospective study done from August 2017 to July 2018, in department of obstetrics and gynecology of hospital, Sitapur. All women who underwent elective hysterectomy during this period of one year were included. Emergency hysterectomy and caesarean hysterectomy were excluded from the study. The data was collected from hospital medical records and analyzed statistically based on parameters of age, parity, clinical features (presenting illness), indication of hysterectomy, route of surgery, preservation of ovaries and complication of hysterectomy.

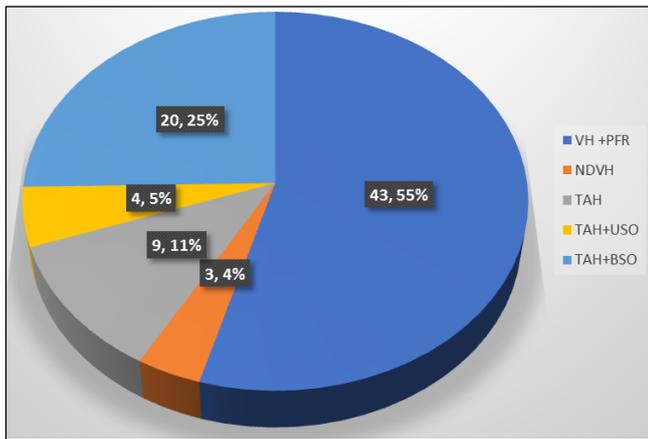
### Result

Total 79 hysterectomies were done during this one year period. Majority of patients belonged to 45-50 year age group (41.7%) followed by 50-55 year age group (20.2%). Overall mean age at hysterectomy was 49±2 years. Prevalence of hysterectomy was higher among illiterate women {60% women undergoing abdominal hysterectomy had literacy status less than 5<sup>th</sup> standard}. All patients were multiparous, with 55.6% (n=44) having parity >3. None of nulliparous patient underwent hysterectomy.



**Fig 1:** Shows the age distribution of patients (in years)

Genital organ prolapse was the most common indication for hysterectomy (n=43, 54.4%). 58.2% (n=46) hysterectomies were done through vaginal route {54.4% vaginal hysterectomy with pelvic floor repair (VH +PFR) were done for uterovaginal descent while 3.8% were non-descent vaginal hysterectomies (NDVH)} and 41.8% (n=33) were done per abdominally. Abdominal hysterectomies included total abdominal hysterectomy (TAH) {n=9, 11.3%}, total abdominal hysterectomy with unilateral salpingo-oophorectomy (TAH+USO) {n= 4, 5%} and total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH+BSO) {n= 20, 25.3%} as shown in figure 2.



**Fig 2:** Route of hysterectomy

Fibroid uterus was most common indication for abdominal hysterectomy (n= 14, 17.7%). In 64.2% cases (n=9) fibroid were of size >5 cm, three cases had multiple fibroids while in two cases fibroid was <5 cm size but was symptomatic. 7.5% hysterectomies were done adenomyosis, 6.3% for dysfunctional uterine bleeding (DUB), 5% each for chronic pelvic inflammatory disease (PID) and ovarian mass/cyst.

**Table 1:** Indications of hysterectomy

Indication	No. of patient	Percentage
Uterovaginal prolapse	43	54.4
Fibroid uterus	14	17.7
Adenomyosis	6	7.5
DUB	5	6.3
Chronic PID	4	5.0
Ovarian mass\cyst	4	5.0

Hemorrhage was the most common complication (n=4, 5%) encountered during hysterectomy (more during abdominal hysterectomy than vaginal), followed by bladder injury (n=1, 1.3%) during vaginal hysterectomy. Overall vaginal route of hysterectomy was associated with early recovery and lesser complication rates.

**Discussion**

In this study, maximum incidence of hysterectomy was seen in age group of 45 to 50 years (41.7%) with the mean age being 49±2 years. Similar incidence was reported in a study by Pandey *et al.* where mean age of hysterectomy was found to be 48±9.9 years [5]. Vaginal hysterectomy was most commonly done type of hysterectomy in our study group. A finding consistent with the previous study done by Sharma C *et al.* on rural population of India [6].

Hysterectomy was most commonly done for pelvic organ prolapse, in present study (n=43, 54.4%). While other studies done worldwide found symptomatic fibroids as the most common indication for hysterectomy [7, 8]. But it is in concordance with a study done in rural India [9]. This also points out the difference in hysterectomy trends in rural and urban population, whose likely explanation is the low prevalence of institutional deliveries/deliveries by trained person, inadequate birth spacing, inadequate rest and early resumption of heavy work in postnatal period in rural settings. Mean age of patients undergoing vaginal hysterectomy for utero-vaginal prolapse was 51.4 years. While in a study done in Mangalore, mean age at presentation for uterovaginal prolapse was 52.8±13.2 years [10]. Early age at marriage and early child bearing leads to increased prevalence as well as early age at prolapse in rural population in comparison to urban India. Mean age of patients undergoing abdominal hysterectomy was 47.6 years. Majority of patient undergoing abdominal hysterectomy also underwent bilateral salpingo-oophorectomy due to lack of screening facility for ovarian cancer, also considering that they won't come for follow up in rural population.

Hysterectomy is still too frequently used as a first line management in rural population, as majority of times they present late to hospital, many of them refuse medical management for gynecological problems in view of expenses, repeated hospital visits and their willingness for permanent solution. Prevalence of hysterectomy was seen more in illiterate population.

## Conclusion

Modern & lesser invasive conservative management of uterine lesions are still not prevalent in rural India, and hysterectomy remains the preferred procedure for treating pelvic pathologies like fibroids, adenomyosis, pelvic inflammatory disease, malignant disorders and genital prolapse. Many still consider uterus a vestigial organ post child bearing, others find hysterectomy as treatment of all female problems. There is gross need of public awareness and availability of resources in rural settings.

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