

International Journal of Clinical Obstetrics and Gynaecology



ISSN (P): 2522-6614
ISSN (E): 2522-6622
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www.gynaecologyjournal.com
2020; 4(2): 97-98
Received: 21-01-2020
Accepted: 24-02-2020

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In depth study of the etiological factors resulting in obstetric hysterectomy

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DOI: <https://doi.org/10.33545/gynae.2020.v4.i2b.512>

Abstract

Method: This is an evaluatory retrospective as well as prospective study to know the incidence and maternal outcome of obstetric hysterectomy as well as to analyze the changing trends in obstetric hysterectomy. The study is performed in Department of Obstetrics & Gynecology in SAIMS, Indore from December 2018 to November 2019.

Result: Maximum patients 70.45% belong to age group 21-30 years. Specifically 39.77% in 26-30 & 30.68% 21-25 years. Morbidity found in 73 cases 89.02% the major morbidity associated with is hemorrhagic shock 28.41%. Febrile illness 34.09% wound infection 12.50% Septicemia-5.68%. Bladder injury occurred in 4.55% during operation resulting in 1.14% of vesico vaginal fistula.

Conclusion: The indication of elective obstetric hysterectomy for purpose of preventing future gynecological diseases be deprecated and not practiced. The Study concludes that it may be advisable to do total obstetric hysterectomy though some authors prefer to do subtotal hysterectomy due to anesthetic risk and increased operative mortality and morbidity.

Final decision making is by the operating surgeon which depends upon his or her skill, experience, condition of the patients on the operating table and facilities available.

Keywords: Etiological, obstetric, hysterectomy

Study Designed: Prospective study

Introduction

Obstetric hysterectomy refers to surgical removal of the pregnant or recently pregnant uterus with the pregnancy or due to complications of delivery. It is an indispensable life saving tool for management of intractable obstetric hemorrhage unresponsive to other treatment.

Obstetric hysterectomy has developed as a heroic operation. Emergency obstetric hysterectomy was first performed in the 19th century to reduce the high maternal mortality and morbidity associated with maternal mortality and morbidity associated with the cesarean procedure.

Obstetric Hysterectomy is one which is done in cases where life of mother is threatened by unrelenting hemorrhage or by rupture of uterus ^[1].

Obstetric Hysterectomy is considered as an emergency mandatory surgery or it may be elective. It can also be radical. In modern obstetrics the overall incidence is 0.05% but there is considerable difference in its incidence in different parts of the world depending upon modern obstetrical services, standards and awareness of antenatal care ^[2].

In obstetrics, hysterectomy can be performed as an emergency or an elective procedure. For catastrophic, unavoidable life saving procedures, like in rupture uterus, uncontrollable postpartum hemorrhage, corneal ectopic pregnancy ^[3].

Elective where one can plan and organize the procedure in the routine working conditions with all laboratory blood bank facilities like in pregnancy associated carcinoma cervix, invading molar pregnancy, diagnosed by USG ^[4].

Material & Method

This is an evaluatory retrospective as well as prospective study to know the incidence and maternal outcome of obstetric hysterectomy as well as to analyze the changing trends in obstetric hysterectomy.

The study is performed in Department of Obstetrics & Gynecology in SAIMS, Indore from December 2018 to November 2019.

During the period of study, number of obstetric hysterectomies performed were 88.

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We have included hysterectomies performed in emergency as well as elective, during pregnancy labour and puerperium. The study includes maternal characteristics, indications, for hysterectomy and causes of maternal morbidity and mortality, it also include cases of complications of pregnancy termination such as perforation and sepsis and GTD.

Each case was analyzed in detail with special emphasis to indication, demographic data (age, parity, booked or emergency case etc.), type of operation performed, problems encountered during operation, morbidity and mortality.

Results

There were 88 obstetric Hysterectomy.

Table 1: Incidence according to age group

S. No.	Age	Number of cases	Percentage
1	< 20 year	00	00.00%
2	21-25 year	27	30.68%
3	26-30 year	35	39.77%
4	31-35 year	17	19.32%
5	36 or above	09	10.23%

Inference: Maximum patients 70.45% belong to age group 21-30 years. Specifically 39.77% in 26-30 & 30.68% 21-25 years.

Table 2: Indication for obstetric hysterectomy

S. No.	Indication	Number of Cases	Incidence
1	Rupture Uterus	50	56.82%
2	Caesarean Hysterectomy	04	4.55%
3	Atonic PPH	8	9.09%
4	Obstructed Labour	10	11.36%
5	Placenta Accreta	1	1.14%
6	Placenta Praevia	4	4.55%
7	Ectopic Pregnancy	3	3.44%
8	Sepsis (PNC)	1	1.14%
9	Septic Abortion	1	1.14%
10	Vesicular Mole	1	1.14%
11	MTP perforation	4	4.55%
12	Post abortal Hemorrhage	1	1.14%
	Total	88	100%

Table 3: Incidence of complication occurred in cases of obstetric hysterectomy

S. No.	Complication	Number Of case	Percentage
1	Hemorrhagic shock	25	28.41%
2	Febrile illness	30	34.09%
3	Wound Infection	11	12.50%
4	Septicemia	5	5.68%
5	Bladder injury	4	4.55%
6	Renal failure	2	2.27%
7	Pelvic Abscess	0	0.0%
8	VVF	1	1.14%
9	Paralytic illness	2	2.27%
10	Urinary tract infection	5	5.95%
11	Ureteric injury	0	00%
12	Repeat laparotomy for bleeding	0	00%
		88	100%

Inference: Morbidity found in 73 cases 89.02% the major morbidity associated with is hemorrhagic shock 28.41%.

Febrile illness 34.09% wound infection 12.50% Septicemia-5.68%.

Bladder injury occurred in 4.55% during operation resulting in 1.14% of vesico vaginal fistula.

Discussion

The incidence is affected by number of deliveries in the institution and to some extent due to inclusion of occasional cases of elective hysterectomy.

While it is imperative to consider age and parity before contemplating hysterectomy one should not give under importance in due emergency where procedure alternative to hysterectomy lead to catastrophic consequence.

In our series, Out of 88 cases emergency hysterectomy was done in 86 cases and only 2 cases as elective hysterectomy.

The study of GAUTAM, ALLAHA BADIA and PRATIBHA VAIDYA Ind^[1]. Obstetric Gyn. J. in 1990 shows a analysis 50 cases of obstetric hysterectomy out of 50 only 6 were done as elective procedure rest were performed in emergency^[5].

It suggests that caesarean hysterectomy can be safe procedures when performed electively in well prepared patient, although the incidence of transfusion is higher than that of caesarean Section alone the benefit to patient who has an Indication for hysterectomy may outweigh the risks of undergoing repeated and anesthesia at a later date^[6].

Surgeons with the required skill can offer a caesarean hysterectomy at the time of the repeat caesarean section to those patients with an indications for hysterectomy performing elective caesarean hysterectomy prepares the obstetricians for the more difficult procedure of emergency caesarean hysterectomy^[7].

The most common indication in our series is for rupture uterus 56.82%. The second most common indication in obstructed labour 11.36%, and Atonic PPH constitute 9.09%^[8]. A higher incidence 63.9% for rupture uterus 9.0% PPH Placenta Accreta 3.6% has been repeated by R. KAUL in Ind. Obstetric Gyn. 81.

Conclusion

The indication of elective obstetric hysterectomy for purpose of preventing future gynecological diseases be deprecated and not practiced. The Study concludes that it may be advisable to do total obstetric hysterectomy though some authors prefer to do subtotal hysterectomy due to anesthetic risk and increased operative mortality and morbidity.

Final decision making is by the operating surgeon which depends upon his or her skill, experience, condition of the patients on the operating table and facilities available.

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