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Evaluation of gynaecological surgeries and its outcome

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Abstract

Early diagnosis is crucial because it facilitates appropriate management options of medical or conservative surgical procedures such as salpingostomy or segmental resection of the affected part of the tube. The study was carried out at tertiary care centre with minimal facilities. The aim of the present study is to identify the major outcomes in normal gynaecological surgeries. In the present study, menorrhagia found in 38 patients. The major diagnosis findings were Fibroid uterus Followed by UV lapse and ovarian cysts. In the present study Normal pelvic examination was seen in 9 and Enlarged uterus found in 20 women. The major surgeries done in the present study were Abdomen Hysterectomy, Vaginal Hysterectomy and followed by Laprotomy.

Keywords: Ovarian cysts, gynaecological surgeries, pelvic examination, fibroid uterus, abdomen hysterectomy

Introduction

Any surgical procedure carries risks of complications. The risk of postoperative complications depends on individual characteristics, including: age, medical comorbidities, and functional status [1-5]. There has been a growing trend in the surgical literature to report mortality and morbidity after surgery with preoperative risk adjustment to facilitate meaningful comparisons of surgical outcomes between different surgeons and hospitals [1,2,6]. The occurrence of mortality and morbidity after gynecologic surgery is often not reported with preoperative risk adjustments for these individual characteristics. In addition, the occurrence of complications after gynecologic procedures is often reported from medical billing datasets. Heisler *et al.* demonstrated that postoperative complications were more likely to be found through a formal chart review process than coding data from medical billing [7]. Therefore, an analysis of a reliable and valid dataset that collects information on gynecologic procedures from a formal chart review process examining preoperative medical comorbidities would lend valuable insight to our understanding of postoperative complications from these procedures.

Improved understanding of the effect of age, medical co morbidities, functional status, and unintentional weight loss (as a marker of frailty) with postoperative outcomes (30 day major postoperative complications and 30 day mortality) in women undergoing gynecologic surgery would impact decisions to perform an elective surgery, preoperative medical risk assessments, and optimization of preoperative medical status. The primary objective of this study is to functional outcome in women undergoing major gynaecologic surgery at tertiary care centre.

Gynaecological disorders are a common cause of morbidity among women of reproductive age worldwide. In developing countries, gynaecological emergencies present enormous challenges given the weak health infrastructure in these settings. Whereas reports indicate that approximately 1.4 million gynaecological emergency visits to emergency department are recorded in the USA accounting for 24.3 visits per 1000 women of reproductive age (15 - 44 years) [1], equivalent data for developing countries are not readily available. However acute gynaecological conditions are important causes of morbidity and mortality in these countries and constitute significant public health problems.

This review will highlight common gynaecological emergencies in the tropics and discuss current evidence based approaches to their management.

The most common gynaecological emergencies are ectopic pregnancy, acute pelvic inflammatory disease, miscarriages and complicated ovarian cysts [8]. Other gynaecological conditions which may present as emergencies are menstrual disorders, bleeding gynaecological malignancies, coital laceration and sexual assault. In the tropics, ectopic pregnancy and

complications of unsafe abortion are the most common life threatening gynaecological emergencies.

In developing countries, ectopic pregnancy is the most common surgical gynaecological emergency [3] while in the USA, acute pelvic inflammatory disease is the most common gynaecological emergency [1]. Gynaecological emergencies can be classified into two broad categories based on whether they are pregnancy related or non-pregnancy related [4]. Pregnancy related gynaecological emergencies are mainly complications of early pregnancy namely ectopic pregnancy, miscarriage and complications of unsafe abortion. Non-pregnancy related gynaecological emergencies include acute pelvic inflammatory disease, menstrual disorders, bleeding from gynaecological malignancies, coital laceration and sexual assault.

Common gynaecological emergencies typically present as an acute abdomen, abnormal vaginal bleeding or a combination of both [9].

Recent advances in sonography, biochemical pregnancy testing, minimal access surgery and newer antibiotics have led to early diagnosis [10] and expanded the frontiers of more conservative treatment options.

Early diagnosis is crucial because it facilitates appropriate management options of medical or conservative surgical procedures such as salpingostomy or segmental resection of the affected part of the tube.

Materials and Methods

Source of data

Outpatient gynaecological patients with hospitalized menorrhagia, lump abdomen, leucorrhoea, mass vagina not amenable for medical treatment. Evaluated and posted for surgery. The study was carried out at Obstetrics and Gynaecology Department, Dr.V.R.K Women Medical College and hospital, Hyderabad from 1st July 2017 to 1st July 2019.

Study design

- To evaluate cases going for surgery after medical management with drugs.
- Relief to patients from their symptoms
- All surgeries being free of cost

Data collection

Written and informed consent was taken from all the patients enrolled in the study. They were evaluated by history, clinical examination and investigations like transvaginal sonography, endometrial biopsy, fractional curettage, Papanicolau Smear and hysteroscopic guided biopsy if required were done for all subjects and the specimens collected were sent to the department of pathology for examination and reporting. Depending on the reports obtained, the data was recorded and analyzed by descriptive statistics using percentages.

Inclusion criteria

- All cases with the history of pregnancy were admitted irrespective of the site of bleeding that is from the uterus, vagina or vulva, etc.
- Only those patients who had the duration of menopause greater than one year have been recorded.

Exclusion criteria

Only those cases who had attained natural menopause comprised

the materials, omitting those who have attained menopause post operatively, for e.g. After hysterectomy or those who have undergone irradiation for some other cause.

The numbers of Sample size were 70.

Age group: 18-40

Statistical analysis

Descriptive statistics were applied and data was analyzed by percentages.

Results and Discussion

Common gynaecological emergencies typically present as an acute abdomen, abnormal vaginal bleeding or a combination of both [2].

Recent advances in sonography, biochemical pregnancy testing, minimal access surgery and newer antibiotics have led to early diagnosis [2] and expanded the frontiers of more conservative treatment options.

Early diagnosis is crucial because it facilitates appropriate management options of medical or conservative surgical procedures such as salpingostomy or segmental resection of the affected part of the tube.

Table 1: Symptoms of the patients

Symptoms	Number
Menorrhagia	38
Pain abdomen	9
Lump abdomen with Menorrhagia	10
Mass vagina	16
Lump abdomen	06
MISC	02

In the present study Menorrhagia found in 38 patients.

Table 2: Diagnosis

Diagnosis	Number
Fibroid uterus	27
UV prolapse	14
Ovarian Cyst	10
Adenomyosis	3
Cervical Polyp	3
Stilich granuloma	1
Labial Abscess	1

The major diagnosis findings were Fibroid uterus Followed by UV prolapse and ovarian cysts.

Table 3: Pelvic examination findings

Findings	Number
Normal	9
Enlarged uterus	Bulky-20
	10-12 weeks Size-10
	12 week size-6
UV prolapse	UV PROLAPSE-14
	Cervical elongation-1
Lump abdomen-ovarian cyst	6
Cervical polyp	Seen through Cervix

In the present study Normal pelvic examination was seen in 9 and Enlarged uterus found in 20 women.

Table 4: Surgeries

Surgeries	Number
Abdomen hysterectomy	Total abdominal hyst-10
	Subtotal TAS-1
	TAH with BSO-28
	TAH with Oophorectomy-5
	TAH with Ovarian Cystectomy-1
Vaginal hysterectomy	15
Laprotomy	Ovarian Cystectomy -6
	TAH with cystectomy-1
	Labial Abscess-1
	Stitch granuloma-1

The major surgeries done in the present study were Abdomen Hysterectomy, Vaginal Hysterectomy and followed by Laprotomy.

Conclusion

Acute gynaecological emergencies are a common cause of morbidity and mortality in the tropics. Ectopic pregnancy and complications of unsafe abortion are the most common life threatening gynaecological emergencies. Access to ultrasonography, biochemical pregnancy testing, minimal access surgery and newer antibiotics will facilitate diagnosis and conservative treatment.

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Conflict of interest

None

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