GYNAECOLOGICAL Hysterectomies.
CAN AUDIT CHANGE THE CLINICAL PRACTICE? AN AUDIT

Dr. Farah Yousaf¹, Dr. Sofia Tabassam², Dr. Noreen Rasul³

ABSTRACT... Objective: To evaluate the indications, complications and justifications of hysterectomy. Period: One year, from 1st January to 31st December 2015. Setting: Gynae and Obstetrics Department Unit 2 of SIMS Lahore. Methodology: This study included all gynecological hysterectomies. Most hysterectomies were done through abdominal route (84%), followed by vaginal (16%). Most common indication for hysterectomy was fibroid uterus (50.45%), followed by adenomyosis, 9.17% and uterovaginal prolapse (15.59%). Complication rate was 7%, it included hemorrhage, infection and injury to surrounding organs. Hysterectomy was justified in 92% cases. Conclusion: Hysterectomy is used to treat HMB, and it improves quality of life. However it is associated with certain degree of morbidity and mortality. So alternative conservative method should be discussed /tried before hysterectomy.

Key words: Gynaecological Hysterectomies, Abdominal Hysterectomy, Vaginal Hysterectomy

INTRODUCTION

Hysterectomy is the most performed gynecological procedure. In US approximately 600,000 are performed each year.¹ In UK 1 in 5 females by age of 60 undergoes a hysterectomy.² A study from western state (Gujarat) pointed out that 7-8 % of rural women and 5% of urban women had already undergone hysterectomy at an average age of 37 years.³ One study from Pakistan showed 50% incidence of hysterectomy among major operations.¹⁹ In 1929, Richardson, MD, performed the first total abdominal hysterectomy.⁴ Hysterectomy may be performed through abdominal or vaginal route depending upon indications. Hysterectomy may be performed for benign uterine conditions like fibroid, adenomyosis, uterine prolapse, or as a part of staging laparotomy in uterine and ovarian malignancies. Rates of various complications with hysterectomy have been reported in the range from 0.5%-43%.⁵ Studies have proved that following hysterectomy women suffer with bothersome psychosexual functions.⁶ Mean age of menopause in those who underwent hysterectomy is 3.7 years earlier than average, even when the ovaries are preserved.⁷ Its a surgical alternative, so hysterectomy should be justified in benign conditions as effective medical and conservative treatments are available.

MATERIAL AND METHODS

The study was conducted at services hospital, a tertiary care hospital, Lahore. The study period was 1st January 2015 to 31st December 2015. It was retrospective descriptive study, and included all women, who underwent hysterectomy during this period. Case records were reviewed to collect patient data. It included all abdominal and vaginal hysterectomies. Hysterectomies which were done as part of staging laparotomies were also included. Indications of hysterectomies were reviewed. Patient age and parity was noted. The Histopathology reports were compared with preoperative diagnosis. Intraoperative blood transfusion and injury to vital organs were noted.

RESULTS

The number of major gynecological operation during one year from 1st January to 31st December 2015, were 219. The total no of hysterectomies which were carried out during this period were 109. Most (84.4%) hysterectomies were done...
through abdominal route. In 17 patients (15.59%) vaginal hysterectomies was done. The most common indication was fibroid uterus (50.45%) followed by adenomyosis, (09.17%). 04 patients had hysterectomy due to endometriosis, 02 patients had due to endometrial and 02 patients had hysterectomy as part of staging laparotomy for ovarian carcinoma. 06 patient had Hysterectomy for endometrial hyperplasia with atypical. Bleeding of endometrial origin was diagnosis in 09 patients, while 04 had ovarian cyst adenoma. 82 patients (75%), of age 40-50 years, 27 patients (24.77%) were older than 51-60. Most of the patients were grand multipara. 60.55% were Para 05 and above. While 43, (39.44%) were between Para 1 to Para 04. One multipara had hysterectomy for large fibroid with previous history of myomectomy. In one nulliparous indication for hysterectomy with BSO was adenocarcinoma. The complication rate was 7% in the study. One patient had bladder injury due to adhesions of previous surgery. Three patients had wound infection after abdominal hysterectomy. One patient had laparotomy after vaginal hysterectomy due to hemorrhage. The justification rate of hysterectomy was 92% as pre-operative indication was confirmed by histopathology.

RESULTS
GYNAECOLOGICAL HYSTERECTOMIES

<table>
<thead>
<tr>
<th>Presenting complaints</th>
<th>Causes</th>
<th>No</th>
<th>%</th>
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<tbody>
<tr>
<td>HMB</td>
<td>Fibroid</td>
<td>55</td>
<td>50.45</td>
</tr>
<tr>
<td>HMB</td>
<td>Adenomyosis</td>
<td>10</td>
<td>09.17</td>
</tr>
<tr>
<td>Something coming out of Vagina</td>
<td>Uterovaginal Prolapse</td>
<td>17</td>
<td>15.59</td>
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<tr>
<td>Postmenopausal Bleeding</td>
<td>Ca Endometrium</td>
<td>02</td>
<td>01.83</td>
</tr>
<tr>
<td>Mass lower Abdomen</td>
<td>Ca Ovary</td>
<td>02</td>
<td>01.83</td>
</tr>
<tr>
<td>Mass Lower Abdomen</td>
<td>Ovarian Cyst Adenoma</td>
<td>04</td>
<td>03.66</td>
</tr>
<tr>
<td>Pain lower abdomen</td>
<td>Endometriosis</td>
<td>04</td>
<td>03.66</td>
</tr>
<tr>
<td>HMB</td>
<td>Atypical endometrial hyperplasia</td>
<td>06</td>
<td>05.50</td>
</tr>
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| HMB                           | BEO                   | 09 | 8.25%

Table-I. Complications of Hysterectomy

Hysterectomy may be done with or without removal of ovaries, current scientific evidence suggest that elective oophorectomy is not adviseable for the majority of women as it may lead to high risk of death from cardiovascular disease, hip fracture, and higher incidence of dementia and Parkinson disease. In our study vaginal hysterectomy was done for Uterovaginal prolapse only. ACOG and other researcher assert that VH should be indicated in women with mobile uteri of less than 12 week gestation size (280 G).

Medical treatment may be used as first line in the management of menorrhagia. However they are temporarily effective and often have certain side effects. Myomectomy is safe and effective treatment of fibroid uterus but recurrence rate after one year surgery is 11%, and up to 80% after 08 years. It is associated with 10% hysterectomy rate.

The LNG IUD is alternative to hysterectomy for management of menorrhagia, 20-50% of patients experiencing amenorrhea in the first two year of insertion.

CONCLUSION

Hysterectomy is used to treat HMB, and it improves quality of life. However it is associated with certain degree of morbidity and mortality. So alternative conservative method should be discussed/tried before hysterectomy. Prospective audit can improve hysterectomy justification rate.

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**AUTHORSHIP AND CONTRIBUTION DECLARATION**

<table>
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<th>Sr. #</th>
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<tr>
<td>1</td>
<td>Dr. Farah Yousaf</td>
<td>Conception, Data collection, writing of paper</td>
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