



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

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Article received on:

18/03/2016

Accepted for publication:

14/05/2016

Received after proof reading:

26/05/2016

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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

Article Citation: Yousaf F, Ali S, Rasool N. Gynaecological Hysterectomies; Can audit change the clinical practice? An audit. Professional Med J 2016;23(6):746-749. DOI: 10.17957/TPMJ/16.3452

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

The total number of hysterectomies were 109 out of 219 major operations Rate of Hysterectomy



■ The total number of hysterectomies were 109 out of 219 major operations Rate of Hysterectomy
 ■ 2nd Other Major Operations 110

Fig-1.

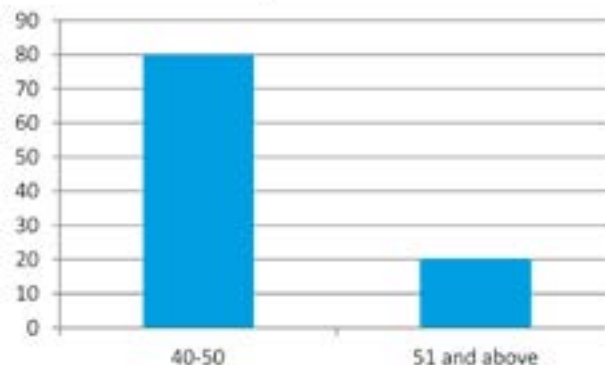
No of Hysterectomy according to approach
 Total Hysterectomies 109



■ Abdominal Hysterectomy -92
 ■ Vaginal Hysterectomy -17
 ■ Laparoscopic Assisted Hysterectomy -0

Fig-2.

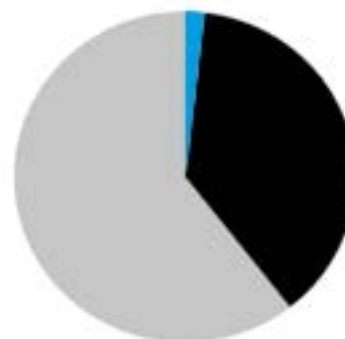
No of Hysterectomies



■ No of Hysterectomies

Fig-3. Distribution according to Age Group

Distribution According to Parity



■ Nullipara ■ P1-4 ■ P5>

Fig-4.

Bladder Injury	1	.91%
Re-Open	1	.91%
Wound Infection	3	2.75%
Paralytic ileus	2	1.82%
Chest Infection	1	0.91%
Total	8	7%

Table-I. Complications of Hysterectomy

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

Table-II. Indication of Hysterectomy

DISCUSSION

The evaluation of appropriateness of hysterectomy should be integral part of audit. During one year period 109 hysterectomies were done. Abdominal hysterectomy were 92, (84.40%). Followed by 17 vaginal hysterectomies. Vaginal hysterectomies were performed for Utereovaginal prolapse only. One study from canada showed abdominal hysterectomy 78%, and vaginal hysterectomy 14%.⁸ Similarly in study from India, abdominal hysterectomy was performed in 75.5% cases followed by vaginal in 17.8%.⁹

In our study the most common indication for abdominal hysterectomy was fibroid uterus 59.78%. A study from USA shows fibroid uterus (60%) as commonest indication for hysterectomy. While

study from Canada showed Dysfunctional uterine

bleeding (26.4%) as commonest indication, followed by the Fibroid uterus 16%.^{8,12} While one study from Pakistan also shows fibroid 33% for hysterectomy.¹¹ In one study from Nigeria hysterectomy rate was 5.1% of all gynecological operation and fibroid uterus account for 66.4% for all hysterectomies.¹²

Hysterectomy may be done with or with out removal of ovaries, current scientific evidence suggest that elective oophorectomy is not advise able 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.¹³ 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).¹⁴

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.¹⁶

The LNG IUD is alternative to hysterectomy for management of menorrhagia, 20-50% of patients experiencing amenorrhea in the first two year of insertion.¹⁷

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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

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AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Dr. Farah Yousaf	Conception, Data collection writing of paper	
2	Dr. SofiaTabassam	Data collection, Reviewing artilce	
3	Dr. Noreen Rasul	Data collection	