Scholars Academic Journal of Biosciences (SAJB) **ISSN 2321-6883 (Online)**
Sch. Acad. J. Biosci., 2014; 2(12C): 960-962 **ISSN 2347-9515 (Print)**

(An International Publisher for Academic and Scientific Resources)
www.saspublisher.com

Research Article

Analysis of Profile of Hysterectomies for Abnormal Uterine Bleeding

Dr. A. Fatima , Dr. N. Hooja , Dr. P. Mital, Dr. S. Nayan, Dr.R. Nawal, Dr. S. Aseri
Dept. Of Obst . & Gynae .,S.M.S. Medical College, Jaipur, Rajasthan.

***Corresponding author**
Dr. Nupur Hooja
Email: nupurhooja@gmail.com

Abstract: Hysterectomy is the most common performed major gynecological operation. There are various other indications that cause disabling levels of pain, discomfort and uterine bleeding. Though hysterectomy is highly successful in curing the disease in concern, it is associated with the risks, morbidity and mortality that an operative procedure carries. The study was undertaken to study the age pattern, indications, type of surgery and the associated complications of hysterectomies done for cases of abnormal uterine bleeding in a tertiary care hospital. The study was conducted in the Dept. of Obst and Gynae. S.M.S. Medical College, Jaipur (Raj.).All hysterectomies done over a period of 18 months were studied. All data collected was analyzed. 1410 hysterectomy were done .47.80% done for AUB of these 50.29% women were in 40-50 years age group and 60.23% were of parity 4-6. DUB and fibroid uterus constituted 80% of these hysterectomies.1.33% cases were of carcinoma body of uterus. Complications were paralytic ileus (3), primary hemorrhage (4) ,injury to bladder (2), menopausal symptoms (26) , wound sepsis(10) and post-hysterectomy bleeding in 6 women. AUB is a very common cause of hysterectomy and all women should be carefully evaluated before surgery.
Keywords: Abnormal Uterine Bleeding, Hysterectomy, Fibroid.

INTRODUCTION

According to the Centers for Disease Control and Prevention (CDC)[1], hysterictomy, the surgical removal of the uterus, is the second most frequent major surgical procedure among reproductive-age women. Reasons for choosing this operation are treatment of uterine cancer and various common noncancerous uterine conditions that lead to disabling levels of pain, discomfort, uterine bleeding, and emotional stress. Uterine leiomyoma continue to be the most common indication of hysterectomies [2]. Uterus can be removed using varied approaches, including abdominal, vaginal or laparoscopic. The highest rate of hysterectomy is between the ages of 40 to 49 years with an average age of 46.1 year [3]. Although this procedure is highly successful in curing the disease of concern, it has the accompanying risks, morbidity, and mortality that an operative procedure carries. The patient may be hospitalized for several days and may require 6-12 weeks of convalescence. Complications such as excessive bleeding, infection, and injury to adjacent organs also may occur. There appear to be no advantage of the routine use of supravaginal hysterectomy when compared with total hysterectomy [4].

The characteristic of abnormal uterine bleeding (AUB) are variable, from infrequent heavy flow, to almost continuous spotting or bleeding. Although a hysterectomy can be considered an admission of therapeutic defeat, It is frequently an expeditious method of resolving refractory and recurrent type of AUB. Hysterectomy is a relatively safe procedure that effectively cures AUB and often resolves other gynecologic symptoms [5]. According to ACOG, 2009 [6], patients and physicians should work together to ensure that proper diagnostic evaluation has been done and appropriate treatments considered before hysterectomy is recommended.

AIMS AND OBJECTIVES

The study was undertaken to study the age pattern, indications, characteristics, type of surgery, outcome and associated complications of patients undergoing total abdominal hysterectomy done for cases of AUB in a tertiary care hospital.

MATERIALS AND METHODS

A cross-sectional, retrospective study was done to, which evaluate factors associated with hysterectomies done for cases of AUB. The study was conducted in the Dept. of Obst and Gynae. S.M.S. Medical College, Jaipur (Raj.).All hysterectomies done over a period of 18 months were studied. Data was collected regarding patient demographic characteristics, clinical history and preoperative physical examination, indications for surgery, route of hysterectomy, intraoperative findings, pathologic study results, and

outcomes in the immediate postoperative hospitalization period. Data collected was analyzed.

RESULTS AND DISCUSSION

Total 1410 hysterectomies were done during the audit period .330(23.40%) hysterectomies were done by vaginal route and 1080 (76.59%)done abdominally. Out of 1080 cases of abdominal hysterectomy,674(62.40%) were done for abnormal uterine bleeding. **Table 1.**

Most of the cases of abnormal uterine bleeding were in age group 40-50 years, and parity of 4 to 6 (60.23%).

Table 2. The most common indications were DUB (no structural cause detected,46.29%) and fibroid (35.60%) . In 10 cases of hysterectomies, pathology report showed endometrial carcinoma **Table-3**.

Table 1- Type Of Hysterectomy

Type of hysterectomy	No. of cases	Percentage
Vaginal hysterectomy	330	23.40%
Abdominal hysterectomy	1080	76.59%
	1410	100%

Table 2 Abdominal Hysterectomies According To Indication And Presenting Symptom

Indication	**Total No. of cases**	**No of cases with AUB**	**No. of cases with other symptoms**
Fibroid	300(27.77%)	240	60
PID	320(29.62%)	95	225
Dysfunctional uterine bleeding	312(28.88%)	312	-
Endo polyp	10(0.92%)	06	06
Endometriosis	25(2.31%)	06	06
Payomera	04(0.37%)	02	04
Ca body of uterus	10(0.92%)	09	01
Post molar choriocarcinoma	04(0.37%)	02	02
Idiopathic post menopausal bleeding	02(0.18%)	02	-
Ov. malignancy	16(0.48%)	-	16
Ov. Cyst	28(2.59%)	-	28
Cervical polyp	10(0.92%)	-	10
Cervical dysplasia	10(0.92%)	-	10
Chronic cervicitis	15(1.37%)	-	15
Ca cervix	16(1.48%)	-	16
Total	1080	674	

Table 3-Distribution According To Age

Age group	No. of cases	Percentage
20-30	23	3.41%
30-40	237	35.16%
40-50	339	50.29%
50-60	68	10.08%
>60	08	1.18%
total	674	100%

Complications were few. Those were paralytic ileus in 3 patients, primary hemorrhage in 2,injury to the bladder in 2,wound sepsis in 10 patients. Late complications include menopausal symptoms in 26 .

Table 4-Complications In Women undergone hysterectomy

Complications	No. of cases
Paralytic ileus	03
Primary haemorrhage	02
Injury to bladder	02
Wound sepsis	10

Post hysterectomy bleeding	01
Menopausal symptoms	26

Drosey et al [7] compared the indications, characteristics, surgical management, and outcomes of patients undergoing total abdominal hysterectomy, total vaginal hysterectomy, and laparoscopically assisted vaginal hysterectomy and concluded that clinical outcomes were similar regardless of type of hysterectomy performed. Brandsborg et al [8] studied risk factors for chronic pain after hysterectomy and concluded that 32 % had chronic pain after hysterectomy, and risk factors were comparable to those seen in other operation . Spinal anesthesia was associated with a lower frequency of chronic pain.

McPherson K. et al [9] studied serious operative and post-operative complications of hysterectomy and their potential risk factors and concluded that younger women with more vascular pelvises, who undergo hysterectomy, especially laparoscopically assisted vaginal surgery for symptomatic fibroids, are at most risk of experiencing severe complications both operatively and post-operatively. Therefore, a less invasive alternative treatment for symptomatic fibroids could particularly benefit this group of women, while less invasive treatments for dysfunctional uterine bleeding, such as various methods of endometrial ablations or resections, would need to meet the current low levels of clinical complications in order to replace hysterectomy.

Christian Ottosen et al [10] studied that traditional vaginal hysterectomy proved to be feasible and the faster operative technique compared with vaginal hysterectomy with laparoscopic assistance. The abdominal technique was somewhat faster, but time spent in theatre was not significantly shorter. He stated that abdominal hysterectomy required on average a longer hospital stay of one day and one additional week of convalescence compared with traditional vaginal hysterectomy which should be a primary method for uterine removal . Despite convincing evidence that vaginal hysterectomy is preferable when either the vaginal or abdominal route is clinically appropriate, the only formal guideline available is the uterine-size guideline by ACOG,2009[6] which suggests that vaginal hysterectomy is most appropriate in women with mobile uteri no larger than 12 weeks' gestational size (approximately 280 g) which also acknowledges that the choice of approach should be based on the surgical indication, the patient's anatomic condition, data supporting the approach, informed patient preference, and the surgeon's expertise and training.

CONCLUSION

AUB is a very common cause of hysterectomy and all women should be carefully evaluated before surgery and its route is decided.

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