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AN AUDIT OF ABDOMINAL HYSTERECTOMY

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ABSTRACT

Objectives: To determine indications of abdominal hysterectomy in our setup besides complications and final outcome in terms of patient satisfaction.

Material and Methods: The study period was from January 2012 to January 2013, conducted in Kuwait teaching hospital Peshawar, Pakistan. A total of 148 cases of abdominal hystrectomy done for benign conditions were analysed.

Results: One hundrerd and fortry-eight abdominal hysterectomies were done for benign conditions over a period of 1 year. Commonest indication (54.73%)was heavy irregular bleeding followed by pelvic masses (29.05%) mostly fibroids . The woman undergoing surgery were mostly para6 (56.08%) in 41 to 50 years age group (66.2%). The Usual preoperative risks were anemia , hypertension and diabetes while postoperative complications were haemorraghe and infection .

Conclusion: Abdominal hysterectomy performed in cases with proper indications reduces the morbidity and mortality in affected woman with improvement in their quality of life.

Key Words: Audit, abdominal hysterectomy, dysfunctional uterine bleeding, fibroids.

INTRODUCTION

Abdominal hysterectomy is one of the commonest gynaecological surgeries performed all over the world.[1,2] An average of 62200 hysterectomies per year have been performed over the decade. In 2005, five hundred thousand hysterectomies were performed in USA[3]. Of these 64% were abdominal hysterectomies. In UK 1 in 5 females by age 60 undergoes a hysterectomy[4]. In Canada, 47000 TAH were performed in 2008-09. All large scale surveys of hysterectomy practice have shown that 70-80% of hysterectomies are performed by abdominal approach[5]. Vaginal hysterectomy and laproscopic hysterectomy are options associated with lesser complications but the cost, expertise , and non availability of facilities in our setup makes abdominal hysterectomy our procedure of choice. For leiomyomas thousands of women would have undergone uterine artery embolisation. Besides monthly administration of GnRH agonists significantly reduces the uterine leiomyoma[6]. Microwave endometrial ablation is an established treatment for dysfunctional uterine bleeding. Several second generation endometrial ablation treatments have been performed under local anesthesia, including thermal baloon, monopolar diathermy and hydrothermal ablation techniques[7,8].

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MATERIAL AND METHODS

Data was collected prospectively from January 2012 to January 2013 for women undergoing abdominal hysterectomy at department of Obstetrics and Gynaecology, Kuwait Teaching Hospital, Peshawar. Patients with malignant disease, uterine prolapse and obstetric complications were excluded from this study. Pre-operative, intra-operative and post-operative besides follow up data of these patients was compiled along with their histopathology reports. The patients were reviewed after 6-8 weeks to assess their well being and any associated problems. Data was analyzed by using percentages.

RESULTS

Total no of hysterectomies done was 148 over a period of 1 year. Mean Age of the patient was 45 years. Average parity was 6. Most common presenting complaint was heavy or irregular mesntrual bleeding (54.73%) followed by pelvic mass (29.05%) and pelvic pain (16.22%). Commonest indication in our study was dysfucnctional uterine bleeding followed by fibroids. Variable sizes of ovarian cysts were found in 42 of the above patients in addition to the primary pathology. The common indications of abdominal hystrectomies is shown in Table 1. The age and parity distribution is shown in Table 2 and 3 respectively.

The patients with dysfunctional uterine bleeding (heavy/irregular bleeding) were perimenopausal ladies, post Bilateral Tubal Ligation (BTL) cases, patients with multiple courses of irregular hormone

intake, Endometrial hyperplasia (including polyps) and leiyomyoma were the commonest pathological lesions confirmed by histopathology. Similar reports have been shared by others. Other H/P findings being endometrial hyperplasia, Adenomyosis, endometriosis, benign ovarian tumours. Chronic cervicitis was one of the commonest histopathology findings. The most common surgical complication was wound infection 6.75%, mostly in obese, diabetic and anemic patients. Intra-operative haemorrhage (5.40%) was seen in hypertensive and obese patients. Besides, those patients with adhesions from previous surgery, endometriosis, pelvic inflammatory dieseas and large sized fibroids. Fever (10.8%) occurred in patients with wound infection, respiratory tract infection, urinary tract infection. After 6-8 weeks, majority of the patients had no significant complaint.

DISCUSSION

In Pakistan departmental audits are available from different provinces but no national statistics are available. Hysterectomy is bread and butter for gynaecologists, as appendix is for a surgeon.[9,10] Rate of wound infection was reported as 6.2% in 1 study. It has been reported to occur in 10.5% in another study. To prove such myths wrong, departmental audits every year can provide not only statistics but also confirm adequacy of indication. Selection of patient should be based on her age, parity, complaints and failure of medical treatment. Besides lack of facilities for conservative management and the financial capacity of the patient also dictates our management.

Table 1: Common Indications

Indications	Causes	No. & percentage
Irregular heavy bleeding	Dysfunctional Uterine Bleeding	78(52.71%)
	Polyps	3(2.02%)
	Fibroid	38(25.68%)
Pelvic masses	Tubo-ovarian masses	5(3.37%)
	Endometriosis	16(10.82%)
Pelvic pain	Pelvic Inflammatory Disease	8(5.40%)

Table 2: Age groups

Age group (years)	No. of patients & percentage
15-20	0 (0%)
21-30	5 (3.37%)
31-40	25 (16.89%)
41-50	98 (66.21%)
51-60	20 (13.53%)

Table 3: Parity

Parity	No. of patients & percentage
Nullipara	5 (3.37%)
1-3	13 (8.78%)
4-6	47 (31.77%)
6-↑	83 (56.08%)

The final outcome should be in form of betterment in health and quality of life. Despite the availability of latest conservative procedures for the affording patients, hysterectomy can prove a definitive effective treatment option for the less affording[11,12]. In our setup almost all the hysterectomies were performed by consultants as elective procedures, as such complication rates were minimal[13]. Histopathology reports for all cases are entered in major O.T. register in routine, results being obtained from the pathology department of the hospital.

In our study cases of dysfunctional uterine bleeding were more than fibroids as compared to western studies[14,15,16] where fibroids are common in black women besides availability of hysteroscopic procedures for management of dysfunctional uterine bleeding reduces the need for abdominal hysterectomy. Besides studies have shown the advantages of laparoscopic vaginal hysterectomy over abdominal[17,18]. A recently published IPD (Individual patient data)-meta-analysis has suggested that treatment of heavy menstrual bleeding with hysterectomy results in lowest levels of dissatisfaction when compared to endometrial destruction techniques and levonorgestrel-intrauterine-system[19]. Day case hysterectomy is becoming a reality and may further support hysterectomy being considered as a possible first line option for heavy menstrual bleeding[20]. For DUB, levonorgestrel-intrauterine-system is recommended by NICE as the first line medical treatment particularly in women with a raised body-mass-index[16]. Another recent area of development in the medical treatment of HMB has been the development of Ulipristal Acetate (selective progesterone receptor modulator). The drug is licensed for upto 2 intermittent courses of 3 months treatment but there remains concerns over its long-term safety[21].

Late complications in the form of hot flushes, depression, insomnia and urinary incontinence occurs in 60-70% of the patients which respond well to treatment in most cases, provided the patients are counselled properly, the quality of sexual intercourse was improved in 30% of patients.

CONCLUSION

Hysterectomy reduced morbidity and mortality in the affected woman allowing them better quality of life. It was considered the most cost-effective treatment for heavy menstrual bleeding.

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