

CAESAREAN HYSTERECTOMY FOR UNCONTROLABLE HAEMORRHAGE

(Report on 3 cases)

by

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Caesarean hysterectomy was initially proposed and done about 100 years ago, for fulminating infections in obstructed labour. The original 'Porro' type of operation comprised of subtotal hysterectomy, bilateral salpingo-oophorectomy and attaching the cervical stump to the abdominal wound to drain out blood and infected material to the exterior. With the availability of aseptic technique, antibiotics and blood transfusion facilities, the need for original indication has decreased considerably and so also the need for the technique. Acute haemorrhage as an indication was suggested in early forties and forms today the major indication for this operation. Three cases of caesarean hysterectomy done in Calcutta National Medical College, from February, 1978 to March, 1979, among 350 sections are reported, the incidence being 0.85%.

CASE—1

Sm. Z. K., aged 35 years, P2 + 6, was admitted from antenatal clinic on 19-1-78. Her expected date of delivery was 25-2-78. She had 2 premature deliveries, both died in neonatal

period. On Examination general condition fair, pallor +, Oedema-nil, pulse-84/min, B.P-120/70 mm of Hg. Heart and Lungs N.A.D.

Per abdomen, uterus of 34 weeks size, transverse lie, F.H.S. present.

Investigations: Hb%-9 gm%, Urine-N.A.D. Blood sugar (P.P.)-110 mg%.

Elective L.U.C.S. was done on 11-2-78. The baby was extracted with much difficulty by internal version, male 2.3 kg. Apgar-9 at 1 min. During extraction of the baby, extension of both uterine angles occurred resulting in severe haemorrhage. There were dilated veins and venous sinuses which were also injured. Several stitches were applied to arrest the haemorrhage, but with no effect. As her condition deteriorated rapidly, a subtotal hysterectomy was done. The uterus was subseptate. She was given 900 ml of blood. The baby unfortunately expired on 5th day due to respiratory distress syndrome. She had uneventful recovery and was discharged on 22-2-78.

CASE—2:

Sm. K. P., aged 27 years, P1 +0, was admitted as unbooked case on 29-7-78 at 2 a.m. with amenorrhoea of 10 months, pain in the abdomen for 1 hour. L.M.P. unknown. She had L.U.C.S. for prolonged labour with mild toxæmia in 1976 (had P.P.H.), baby died after 7 days.

On examination: G.C.-fair, pallor +, oedema-legs+, pulse-88/min, B.P.-130/90 mm of Hg., Heart and Lungs-N.A.D., Uterine contraction present (68/min, duration-30 secs), Vertex, L.O.A., head not engaged F.H.S-144/min, regular, mild scar tenderness present.

On vaginal examination cervix partly taken

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up, Os-3 cm, membranes-intact, show+. Ver-
tax at - 3 cm. Hb%-9 gm%, Urine-N.A.D.

She was kept at rest and pethidine 100 mgm
i.m. given. As there was no progress,
L.U.C.S. was done at 10 a.m. A male baby
weighing 3.1 Kg, Apgar-9 at 1 min. Placenta
was found adherent, removed manually with
bits remaining at places. It was found to be
a case of partial placenta accreta. There was
welling up from placental site which was pack-
ed with hot mops and 20 unit syntocinon drip
started. While waiting for results both the
angles of the uterine wound were stitched up,
but even then, profuse bleeding continued.
Subtotal hysterectomy was done quickly. Two
bottles of blood transfused, postoperatively,
vaginal bleeding was slight and disappeared
by 7th day. She was discharged with healthy
baby after 12 days. Follow up after 6 weeks
showed both the mother and the baby well.

CASE-3:

Sm. H.M., aged 38 years, P4 + 0, was ad-
mitted on 15-3-79 with history of painless va-
ginal bleeding for 10 hours following amenorr-
hoea of 9 months. L.M.P. unknown, on
examination G.C. fair, pallor ++, pulse-130/
min, B.P-120/80 mm of Hg. Heart and Lungs-
N.A.D. on abdominal examination, uterus-
term size, in contractions head high floating,
F.H.S., 140/min.

On vaginal examination bleeding ++.

Inj. calmpose 10 mgm i.m. given, requis-
ition for blood sent and she was prepared for
L.U.C.S. Investigations: Hb%-7.5 gm%,
Urine-N.A.D. On opening the lower segment,

placenta was visible and cut through to deliver
the baby (male-2.6 Kg). It was type IV pla-
centa praevia. The placenta was partially (2
or 3 cotyledons) adherent to the lower segment
posteriorly. After removal of the adherent
cotyledons there was profuse bleeding. It was
packed with hot mops and the angles of the
uterine wound tied, but the bleeding could not
be controlled. A subtotal hysterectomy was
done just below the level of bleeding area. Two
bottles of blood transfused during operation
and 2 afterwards. She developed urinary tract
infection on 6th postoperative day, treated with
septran and N.F.T. The patient was discharg-
ed on 14th day with healthy baby.

Discussion

Acute haemorrhage was the indication
for caesarean hysterectomy in all the 3
cases. The haemorrhage was due to ex-
tension of the angles of uterine incision
in 1, partial placenta accreta in 1 and
partially adherent placenta praevia in 1.
In view of the deteriorating condition due
to severe haemorrhage and shock, a
quick subtotal hysterectomy was done.

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