

# EMERGENCY LAPAROTOMY FOLLOWING VAGINAL HYSTERECTOMY

## (Two Case Reports)

by

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Following vaginal hysterectomy, haemorrhage requiring a laparotomy is a known complication. Haemorrhage may be primary or secondary. Two cases are reported herewith. One with primary & another with secondary haemorrhage.

### CASE REPORT

Mrs. C: B. aged 50 yrs. obese was admitted to Cloth Market Hospital, Indore on 19-6-79 for something coming out of vulva since last 3 years. White discharge was present since 1 month

**Menstrual History:** Menopause since 1 year.

**Obstetric History:** FTND. Last D. 5 yrs. back.

**General Exam.:** B.P. 160/100 mm. of Hg. Rest of the systems were normal.

**Local Examination:** Proctentia without any trophic ulceration. There was no stress incontinence.

Vaginal Hysterectomy was performed under spinal anesthesia on 29-6-79. During operation oozing from cut vaginal edges was more than usual and was thought to be because of her hypertensive state. Two and half hours after the operation her B.P. suddenly came down to 60 systolic. Immediate resuscitation was done. There was no vaginal bleeding. Abdominal girth at umbilical level increased from 76 cms to 79 cms in one hour. Emergency laparotomy was decided upon.

Laparotomy was done under G.A. Pelvic cavity was full of blood clots. On removal of clots it was found that there was an ovarian

cyst 4 cms X 3 cms. on the right side. The sutures over the right pedicle had slipped and it was bleeding. The pedicle was clamped, ligated and right oophorectomy was performed.

Two pints of blood was transfused during the operation. Postoperative recovery for a week was uneventful. During the third transfusion she had a reaction and developed hemolytic jaundice the next day. She recovered completely after the routine line of treatment and was discharged after two weeks. Slipping of the pedicle in this case was probably due to inwards pull by the cyst on the pedicle. Cyst was undetected pre-operatively partly due to obesity and partly due to proctentia.

### Case 2

Mrs S. aged 50 yrs. obese, was admitted on 26-9-79. for something coming out of vulva since last 1 year. There was no history of stress incontinence. Menopause since 1 year. General examination nothing significant.

Vaginal hysterectomy was performed on 28-9-79 under spinal anesthesia. The post-operative period was uneventful for 13 days. On the 14th day she had a bout of vaginal bleeding without any apparent reason. Vaginal packing with Tr. Ferri per chlor was done. On removal of the pack she had another bout of bleeding. Vaginal examination revealed multiple oozing points from the central sutured line. It was resutured and hemostasis obtained. There was no increase in the abdominal girth. The fall of blood pressure was disproportionate to the apparent blood loss, so exploration of pelvic cavity by laparotomy was decided upon. On opening the abdomen multiple oozing points from the vaginal vault were noted. They were sutured and cavity was closed. The slight oozing from the vaginal sutures continued for a week.

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