

# CAESAREAN HYSTERECTOMY

(Review of 100 cases)

by

VINAYA PENDSE,\* M.S.

Caesarean hysterectomy is a commonly done life saving emergency operation in desperate circumstances. Catastrophic obstetrical complications like rupture uterus, fulminating intrapartum sepsis, severe post partum haemorrhage, etc. are still encountered in our day to day practice at Udaipur which is surrounded by a vast hilly, underdeveloped tribal belt. Pre-existing conditions like anemia, malnutrition and grand multiparity in these patients make the situation worse. Under such circumstances caesarean hysterectomy appears to be the only alternative in majority of the cases.

The present paper reviews our experience of caesarean hysterectomy over a period of 10 years from January 1971 to December 1980, at Zanana Hospital, attached to Ravindra Nath Tagore Medical College, Udaipur.

## Material

One hundred consecutive cases who underwent caesarean hysterectomy in all the three units during the period are analysed. In all the cases operation was carried out as an emergency procedure.

## Incidence

During the same period there were 46,894 deliveries and 1927 caesarean sec-

tions which gives an incidence of 1 in 468 for deliveries and 1 in 19 for caesarean section.

Ninety-four cases were rural and 6 cases were urban.

## Age and Parity

The age range was 17-47 years. Age distribution is as shown in Table I. The

TABLE I  
Age Distribution

Age in Years	No. of cases	Percentage
Below 10	3	3
21 to 30	39	39
31 to 40	50	50
Above 40	8	8

youngest patient was 17 years and oldest was 47 years old. Maximum number of cases i.e. 50 were between 31 to 40 years of age.

Parity wise distribution of the cases is as shown in Table II. There were 4 cases

TABLE II  
Parity Distribution

Parity	No. of cases	Percentage
Primigravida	4	4
1 to 4	36	36
5 to 10	57	57
Above 10	3	3

\*Professor and Head, Department of Obstetrics and Gynaecology, R.N.T. Medical College, Udaipur 313 001.

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with first child birth. Maximum number of cases, 57 were parity 5 to 10. Surprisingly, 3 cases were with parity 10+.

#### Indications

Indications are as shown in Table III.

TABLE III  
Indications of Caesarean Hysterectomy

Indications	No. of cases	Percentage
Rupture uterus	88	98
Atonic PPH	4	4
Adherent placenta	4	4
Gross intrauterine sepsis	3	3
Pregnancy with large infected fibroid polyp	1	1

The commonest indication was rupture uterus. Total number of cases of rupture uterus, during the same period who have undergone operative treatment was 146. Out of these, 146 caesarean hysterectomy was performed in 88 (57%) cases, while in the remaining 58 (43%) cases repair with or without tubal ligation was carried out. Factors which were considered important in deciding hysterectomy were: (i) Extensive rupture with ragged and necrotic edges, (ii) upper segment rupture, and (iii) involvement of uterine arteries on one or both sides with broad ligament haematoma.

On analysing the 88 cases of rupture uterus it was found that the rupture had occurred before admission in 84 cases, while in the other 4 cases it occurred in the hospital. History of rough handling by dai (TBA) was present in 85% of cases. Evidences of rough handling by abdominal pressure and vaginal manipulations were present in form of marked vulval oedema, multiple tears and bruises in the vagina, bruises over abdominal

wall, forcible amputation of hand of the baby in cases of neglected shoulder etc. were present in 60% of cases. That is why in some of the cases distinction between traumatic and spontaneous rupture was impossible. History of administering oxytocins was present in 15% cases. In the majority of the cases, cause of rupture uterus was obstructed labour. The cause of obstructed labour was neglected shoulder (29 cases), cephalopelvic disproportion on account of contracted pelvis (11 cases), hydrocephalus (12 cases) and face and brow (8 cases). In 17 cases the cause could not be ascertained as the presenting part had receded up into the peritoneal cavity on account of complete rupture.

In 52 cases, rupture was mainly in lower uterine segment. In 24 cases, it was involving both the segments of the uterus. In 8 cases it was anterior colporrhexis. In 4 cases rupture was mainly in upper segment. Out of these 4 cases, 1 each had classical scar rupture, bull horn injury over the fundus, transfundal silent rupture and fundal rupture with double uterus. In 10 cases, bladder was also ruptured.

Other indications for caesarean hysterectomy were atonic type of post partum haemorrhage (4 cases), adherent placenta (4 cases), severe intrauterine sepsis (3 cases) and 1 case of twins had a large infected fibroid polyp obstructing the vagina.

#### Type of Operation

Subtotal hysterectomy was done in 98 cases and total hysterectomy was done in 2 cases.

#### Maternal Mortality and Morbidity

There were 28 maternal deaths in 100 cases of caesarean hysterectomy, 26 in cases with rupture uterus and 2 in

cases without rupture. Morbidity included severe wound sepsis in 27, V.V.F. in 7, pelvic cellulitis and peritonitis in 6, burst abdomen in 3, paralytic ileus and general peritonitis in 3, thrombophlebitis in 3, ureteric fistula in 2 and superficial gangrene over extremities due to nor-adrenaline drip, leakage in 2 cases. Only 20 cases had uneventful post operative period.

#### *Discussion and Comments*

The incidence of 1:468 found in this series is comparable to that reported by Oumachigui and Nayak (1976), and Vasista and Khatri (1977). Comparatively higher incidence 1:198 for delivery and 1:7.4 for caesarean section was reported by Dutta and Pal (1979), while lower incidence was reported by Sheth (1969). The variation in incidence is chiefly influenced by prevalence of rupture uterus and other catastrophic complications. It is indirectly also influenced by the level of antenatal care prevailing in the peripheral drainage area of the hospital. In our institution, the number of deliveries has doubled in 10 years on account of abrupt rise in city population, while the number of rupture uterus cases which mainly come from rural areas has remained the same. This increase in the number of hospital delivery has diluted the frequency of rupture uterus. Secondly, hysterectomies done in the earlier months of pregnancy have not been included in the series.

Commonest age group for caesarean hysterectomy in the present series in 31-40 years which in majority was associated with grand multiparity. Both these factors together with malnutrition and anemia make the child birth extremely hazardous. It is the sad part of the story that with present nationwide campaign of

family planning, we are still witnessing such cases. This shows how important is the role of limitation of family on maternal well being. In 4 cases the uterus had to be sacrificed even though it was first child birth because the rupture was extensive with ragged and necrotic edges which was impossible to repair and along with it in 2 cases there were broad ligament haematomas due to involvement of major uterine vessels.

In the present series, the main indication for hysterectomy was rupture uterus. It was carried out in 60% cases of rupture uterus admitted during this period. Similar observations were made by Vasishta and Khatri (1977), Oumachigui and Nayak (1976) and Dutta and Pal (1979). In the series reported by Barclay (1970) atonic post partum haemorrhage heads the list of indications of emergency hysterectomy. In our series, only 4 cases had hysterectomy done for this indication. It is advocated that hysterectomy should be performed before the condition of patient deteriorates. This is possible only when the patient either delivers in the hospital or is brought to the hospital in good condition which never occurred in our cases. Ligation of internal iliac arteries is definitely a worth considering alternative in such cases.

Elective caesarean hysterectomy as a sterilisation procedure or as a prophylaxis against future gynaecological disorders as practiced at some centres in U.S.A. has not gained unequivocal acceptance. In our circumstances, tubal ligation with or without caesarean section is better because of lower post operative morbidity and mortality.

Maternal death rate in the present series is 28% and it is comparable with the rate reported by Oumachigui and Nayak (1976) and Dutta and Pal (1979).

This is much higher than the rate reported by Vasishtha and Khatri (1977). General condition of the patient at the time of admission and nutritional status of the patient influences maternal morbidity and mortality. On analysing the causes of death closely, it was found that all the cases had variable degree of shock and moderate to severe anemia at the time of admission. The haemoglobin level was 2-4 gm% in 4 cases, 4-6 gm% in 12 cases, 6-8 gm% in 7 cases and above 8 gm% in only 5 cases. Frank intrauterine infection was present in 12 cases. Rough handling by dai (TBA) was present in almost all the cases. Training of TBA will have direct influence on maternal mortality and morbidity in such cases. Delayed and insufficient quantity of blood available for transfusion was frequently encountered, as relatives either absconded or refused blood donation. All these factors definitely influence the outcome of the surgical procedure.

#### Summary

One hundred cases of caesarean hysterectomy have been reviewed. The in-

cidence of caesarean hysterectomy in relation to deliveries and caesarean sections was 1:468 and 1:19 respectively. In all the cases it was done as an emergency and life saving treatment. The commonest indication was rupture of uterus. Fifty-eight patients were above the age of 30 years and 60 patients were with parity 5 and above. Maternal mortality was 28% and morbidity was still very high. Improvement in nutrition of the mother, limitations of family, antenatal care and training of TBA if undertaken, a large number of maternal deaths due to rupture uterus will be prevented.

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