

## ROLE OF EMERGENCY HYSTERECTOMY IN OBSTETRICS

by

MANORAMA PURWAR,\* M.D., D.G.O.  
PRABHA BHATTACHARYA,\*\* M.D., D.G.O.

and

TOMAR,\*\*\* M.B.B.S.

Hysterectomy as a method of treatment is a radical and undesirable procedure. The obstetrical future of the patient is sacrificed in order to save her life. Too often the judgement has to be executed while a moment counts a lot in favour of conservatism vis-a-vis radicalism. As a indications are not pinpointed and are very flexible, an attempt is made to evaluate the circumstances which may lead to hysterectomy, specially in adverse environment.

Forty-nine obstetrical cases who underwent emergency hysterectomy during the period January 1975 to December 1979 at the government Medical College Hospital, Nagpur are analysed. During this period there were 31,852 deliveries which gives a ratio of one hysterectomy to 650 deliveries.

The indications for hysterectomy were,

Rupture uterus	21
Vesicular mole	8
Atonic P.P.H.	13
Perforation of uterus	1
Avulsion of fallopian tube	1
Mental retardation	1
Accreta placenta	1

\*Reader, Obstetrics & Gynaecology.

\*\*Professor, Obstetrics & Gynaecology.

\*\*\*Internee.

Medical College Hospital, Nagpur.

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Pregnancy with fibroid uterus  
for MTP and tubal ligation 3

*Rupture Uterus:* In this study rupture of uterus was the most frequent indication for hysterectomy. Similar observations were made by Sotto and Archambault (1957) and Gelle *et al* (1974). Surgical intervention in the form of repair of rent may ward off a radical procedure. However, in cases where the tear in the uterine wall is irregular, necrotic and edematous, involving large blood vessels and extending into broad ligament forming a broad ligament hematoma, hysterectomy is necessary. This was the method of treatment in 80% of cases of rupture uterus admitted to this hospital. Das (1973) noted that hysterectomy was performed in 81 cases as compared to repair of rent in 14 cases. Of the 21 cases of rupture uterus, 19 were multiparous with an age range of 21-42 years. Except for the 3 cases of previous caesarean section, all the cases were emergency admissions. In 15 cases the diagnosis of rupture uterus was made at the time of admission. They had been in labour for more than 24 hours at home, history of intervention in the form of pressure on the abdomen, application of forceps and internal manipulation by untrained 'Dai' was present in most of the cases. There were 6 cases of neglected shoulder presentation; 1 case of primigravida along with rupture uterus.

had rupture bladder due to internal manipulation done by untrained Dai.

**Atonic Post Partum Haemorrhage:** In the study of Barclay (1970) atonic PPH heads the list of indications for emergency hysterectomies. Gelle *et al* (1974) had only 2 such cases in a series of 15. There were 13 cases of atonic PPH in the present study. In the present series fibroid uterus causing P.P.H. ended in hysterectomy in 3 cases. In 3 cases of placenta praevia Type III and IV, had bleeding from placental site landed in hysterectomy, while in 2 cases there was uncontrollable oozing from hysterotomy incision which ended in hysterectomy, while in remaining 5 cases reason for hysterectomy was atonic P.P.H. after vaginal delivery. When one is forced to decide upon hysterectomy it is wiser to perform hysterectomy earlier, before condition further deteriorates.

**Avulsion of Tube:** In one case which was for evacuation and tubal ligation, after completing evacuation and while doing tubal ligation, left tube avulsed from isthmic end and bleeding could not be controlled so hysterectomy was done. While in 1 case hysterectomy was done for mental retardation, patient had illegal pregnancy.

**Vesicular Mole:** In the early months, hysterectomy in molar pregnancy was found topping the list. During recent years, concept of management of molar pregnancy has been markedly changed with the advent of cytotoxic drugs and follow up by immunological study of urine but the same could not be extended squarely in rural areas.

Advanced age with high parity in association with severe anaemia, unfavourable cervix, lack of follow up of the cases are the factors to be considered. Hysterectomy in such circumstances not only

gives immediate safety to the patients but reasonably ensures prophylaxis against development of choriocarcinoma in such high risk group.

**Placenta Accreta:** Placenta accreta as a source of haemorrhage has been considered rare. There was 1 such case in which there was no plane of cleavage, hence a hysterectomy was resorted. According to Sumawong *et al* (1966) mortality rate is very high with conservative treatment. Even if patient survives the complications during next pregnancy cannot be avoided.

**Perforation of Uterus:** Injury to the uterus is an unpredictable complication during evacuation. This occurs more frequently while attempting termination of pregnancy. Firm cervix unyielding to dilatation and dense attachment of the conceptus to the uterine wall may be the responsible factors for injury during evacuation. In parous women, laparotomy followed by hysterectomy is probably the rational approach while in nulliparous one may have to take a conservative approach by repairing the rent. In our series there was only 1 case of perforation of uterus where hysterectomy was done.

In the remaining 3 cases, which were for termination of pregnancy with tubal ligation, while doing hysterotomy it was observed that there were multiple seedling fibroids and hysterectomy was performed.

**Complication:** In 23 cases there were no complications in the post-operative period.

Urinary tract infection	9
Vesico-vaginal fistula	1
Thrombophlebitis	1
Abdominal wound infection	4
Peritonitis	4

Except the case of urinary fistula who

was advised to come later on for surgery, other complications were treated successfully before their discharge from the hospital.

**Maternal Mortality:** There were 9 deaths. In 3 cases the cause was irreversible shock and in 6 cases there was fulminant septicaemia.

#### *Summary and Conclusion*

(1) Forty-nine obstetrical cases who underwent hysterectomy as an emergency procedure are analysed and the indications discussed.

(2) In early months, molar pregnancy was the principle indication.

(3) In later months and during labour rupture uterus and atonic P.P.H. were the principle indications.

(4) The overall maternal deaths were 18.36%.

(5) All had subtotal hysterectomy.

(6) From the rate of morbidity and mortality recorded it is clear that hysterectomy must be performed early enough

and not as a last resort when patient goes into irreversible shock.

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