

CAESAREAN HYSTERECTOMY

(A Review of 17 Cases)

By

SUGNA PANDYA AND ANJU B. SHAH

SUMMARY

17 cases of Caesarean Hysterectomy from 1980 to 1985 have been reviewed. The incidence is 0.064% in relation to total deliveries and 1.18% in relation to Caesarean Sections. All were emergency operations performed as last resort. Major indication was rupture of uterus followed by haemorrhage. Maternal Mortality was 11.76% and Perinatal Mortality was 70.60%. We feel, Caesarean Hysterectomy, if timely performed can help in reducing maternal mortality.

Introduction

Caesarean hysterectomy is defined as any hysterectomy performed after 28 weeks of pregnancy following abdominal delivery. Caesarean hysterectomy has its own history, going way back in 1876 when Edward Porro of Italy performed the first successful caesarean hysterectomy. Since then it has had its ups and downs. Now with improved technique, new advent of antibiotics and increased facilities of good anaesthesia and blood transfusion, it is used as a life saving measure in cases where other methods fail. This in turn helps to reduce maternal mortality. In some countries, caesarean hysterectomy is also performed as an elective procedure or for some other associated gynaecological pathology of the uterus. However, this is not our practice and we strictly use it as an emergency procedure.

From: Smt. N. H. L. Municipal Medical College and Sheth K.M. School of Postgraduate Medicine and Research, Ahmedabad.

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Material

In the present study, 17 patients in the Obstetrics and Gynaecology Department of Smit. S.C.L. General Hospital during the period 1980-1985 have been included. All these patients had caesarean hysterectomy as an emergency, life-saving procedure as a last resort.

TABLE I
Incidence of Caesarean Hysterectomy

| | | |
|---|---|--------|
| 1 | Number of deliveries | 26410 |
| 2 | Number of caesarean sections | 1431 |
| 3 | Number of caesarean hysterectomies | 17 |
| 4 | Incidence of caesarean hysterectomy in relation to total deliveries | 0.064% |
| 5 | Incidence of caesarean hysterectomy in relation to caesarean sections | 1.18% |

Incidence

The number of emergency caesarean hysterectomies during the period of 6

years, 1980-1985 was 17, total number of deliveries during the same period being 26410. Hence, the incidence of caesarean hysterectomy is 0.064%. The number of caesarean sections during the same period were 1431. Hence the incidence of caesarean hysterectomy in relation to caesarean section is 1.18% (Table I).

Age and Parity

The age varied between 21 and 35 years. Thirteen out of 17 belonged to the age group of 21 to 31 years. Four were grand multipara, 12 were multipara and 1 was a primipara.

TABLE II

Indications of Caesarean Hysterectomy

| | | |
|-------|-------------------------|----|
| 1 | Rupture Uterus | 8 |
| 2 | Haemorrhage | 6 |
| 3 | Torsion of uterus | . |
| 4 | Broad ligament hematoma | 1 |
| 5 | Placenta Acereata | 1 |
| Total | | 17 |

Indications

The most common indication was rupture of the uterus. Out of 8 cases, 2 gave history of some injection having been given outside by a quack, both patients had irreparable ragged tears in the lower uterine segment; 3 others had rupture through the previous lower uterine segment scar, extending lower down into the vagina; 2 were grand multipara with obstructed labour, a badly torn uterus necessitating subtotal hysterectomy in each case; while 1 had accidental haemorrhage and Syntocinon drip was given to hasten the delivery, whether rupture occurred because of Syntocinon drip or was already present prior to it is difficult

to say since it was diagnosed at laparotomy only.

The next common indication in this series was uncontrolled haemorrhage after caesarean section. Most of them were cases of atonic PPH following APH. Three out of the 6 cases had Couvelaire uterus associated with accidental haemorrhage, one of these 3 cases also had an added element of coagulation failure for which she was given fresh blood and fibrinogen; the 4th had atonic PPH following caesarean section for placenta praevia; while the 5th had a superadded traumatic element. In this patient, prior to caesarean section, an attempt at forceps delivery was made giving rise to vaginal angle tears and PPH. Suturing of the tears failed to remedy the situation and uterus failed to contract; 6th patient had haemorrhage following caesarean section for transverse lie. Both internal iliac arteries were ligated but bleeding was severe leading to subtotal hysterectomy.

The mixed lot consisted of a case of torsion of unicornuate gravid uterus with gangrenous appendages and the other one of broad ligament hematoma with a history of failed forceps and a third one with placenta accreta leading to severe PPH following caesarean section (Table II).

Post-Operative Morbidity

Four patients had post-operative pyrexia, 3 had paralytic ileus, wound sepsis occurred in 1 case while 1 case of accidental haemorrhage developed renal failure who was later transferred to renal unit and 1 had hematuria due to bladder trauma.

Maternal Mortality

Two patients out of 17 died, one of rupture uterus and the other of placenta accreta.

Conclusion

The incidence of caesarean hysterectomies in our series was 0.064% of all deliveries. All the hysterectomies were performed as emergency last a resort measures.

The common indications were rupture uterus and haemorrhage. Majority were multipara, being in the age group of 21-30 years. Subtotal hysterectomy being quicker and easier was the method of choice in all except 2 patients. One of these patients had rupture uterus, with the tear extending down into the lower segment with bladder involvement and the other one with a huge broad ligament

hematoma. Other conventional methods like Oxytocics, intrauterine packs and internal iliac artery ligation were tried in young and low parity group of patients prior to inevitable hysterectomy. Almost all the patients were liberally transfused, on an average with 3 to 6 units of blood. The hospital stay was naturally increased from 11 to 30 days. A case of renal failure was transferred to Nephrology department at another hospital. Maternal mortality was 11.76%. Febrile morbidity was by far the commonest cause of prolonged hospital stay. Perinatal mortality was exceedingly high, 11 patients had still births, 3 had liveborn babies but one of them died after 12 hours.

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