HYSTERECTOMY IN MENTALLY HANDICAPPED TEENAGERS

N.K. SHERIAR • R.K. BHATIHENA • V.R. WALVEKAR

SUMMARY

Twenty abdominal hysterectomies performed in severely mentally handicapped teenagers were reviewed. While a significant majority of "early" presenters came with institutional referals, two of the "late comers" had second trimester pregnancies. The cases were generally in good physical condition, underwent uneventful hysterectomy and had a rapid postoperative recovery and an early discharge.

INTRODUCTION

"Crabbed age and youth cannot live together,

Youth is full of pleasure, age is full of care." - Shakespeare

While most gynaecological indications for hysterectomy pertain to the elderly, severe mental handicap is the most frequent indication in teenagers. The special requirements of these young women stress the need for favoured medical care. This paper is an overview of abdominal hysterectomies performed for severe mental handicap.

MATERIAL AND METHODS

A review of 20 abdominal hysterectomies performed over a 5 year period in mentally handicapped teenagers (under 19 years) was undertaken. The time and mode of presentation, surgical procedure and perioperative condition of these patients was studied.

From: Nawrosjee Wadia Mat. Hospital, Bombay.

RESULTS AND ANALYSIS

Mentally handicapped teenagers accounted for 2.1% of all abdominal hysterectomies. The indication in these cases was eugenic, the ablation of menstrual function and the avoidance of termination of an unwanted pregnancy. A majority of the patients had severe mental retardation, two cases had cerebral palsy. Two teenagers presented with second trimester pregnancies. The mean age at surgery was 14.6 years with a range from 12 to 19 years.

As shown in Table I, 7 cases (35%) presented in their first menstrual cycle, a further 5 cases (25%) presenting in the first year since menarche. Nine of these early presenters came with suggestions for hysterectomy from specialised institutions for the mentally hand-

icapped that they attended. In contrast, two of the late comers came at five months amenorrhoea.

A psychiatric assessment was repeated and recorded in 8 cases. Informed consent was obtained from the parent or guardian. Preoperative medical evaluation was performed, all the cases being deemed fit for anaesthesia. All the hysterectomies were performed under general anaesthesia through a small Pfannenstiel incision. The routine steps of total abdominal hysterectomy were followed; the procedure was generally easy. In the two cases with second trimester pregnancies a hysterotomy preceded the hysterectomy.

The postoperative recovery was uneventful in all cases. Analgesics and prophylactic antibiotics were administered parenterally there being difficulty in administering oral medication. The average postoperative stay was 6.8 days with a range from 5 to 9 days.

DISCUSSION

Major gynaecological operations in teenagers account for 1.5% of all major surgery, 27% of these being abdominal hysterectomies (Sheriar et al, 1989). Any mental handicap that renders the person incapable of caring for herself and her bodily functions is the major indication for hysterectomy in teenagers. An additional benefit is the prevention of unwanted pregnancy, a risk these patients face.

While non-mandatory surgery in teenagers such as vaginoplasty and repairs of prolapse are performed in late adolescence, hysterectomy was performed anytime after menarche.

The role of specialist institutions in creating awareness regarding this procedure is obvious from this study. In unfortunate contrast, the latecomers had been victims of illicit sex leading to pregnancy diagnosed late in the second trimester.

A psychiatric assessment explicity recommending the procedure should be placed on record in every case as also the informed consent from her legal guardian. These must be considered prerequisites for hysterectomy.

The operative procedures were all uneventful and easily performed through a small Pfannenstiel incision. There were no anaesthetic or intraoperative complications and the postoperative convalencence was short, some cases being discharged on the fifth postoperative day.

Surgery is a safe and valuable option in easing the management of these difficult, often unmanageable patients. There should hence be no hesitation in resorting to hysterectomy for severe mental handicap.

ACKNOWLEDGEMENT

We thank Dr. S.N. Daftary, Dean, N. Wadia Maternity Hospital for free access to hospital data.

REFERENCE

1. *Sheriar N.K., Shah D.S., Dastur A.E. and Purandare C.B.: IXth World Congress on Juvenile & Adolescent Gynaecology & Obstetrics, Bombay 1989, p.57*

ANNEXURE

TABLE I : Time and mode of presentation for hysterectomy

Time since menarche	Presentation Number	Percent	Institutional referal	Pregnancy
1st cycle	7	35	6	–
1st year	5	25	3	–
2nd year	4	20	1	–
3rd year	3	15	–	1
4th year	1	5	–	1