

OBSTETRIC HYSTERECTOMY - A REVIEW OF 75 CASES

T. RADHA BAI PRABHU AND G. RADHA

SUMMARY

The incidence of obstetric hysterectomy in our series was 1 in 794 deliveries (0.13%). 89.34% were unbooked, and the incidence is high in mothers between 20 and 29 years of age, (50%). Emergency hysterectomy was performed in 90.7% of patients. The commonest indication for hysterectomy was rupture uterus (52%). Post operative complications were seen in 51.33% and the mortality rate was 16%.

INTRODUCTION

The removal of uterus after vaginal delivery or caesarean section is a life saving procedure in cases of rupture uterus and uncontrollable postpartum haemorrhage. Hysterectomy is also indicated in cases of septic abortions, vesicular mole and secondary abdominal pregnancy. The easy availability of antibiotics have eliminated the need for hysterectomy in cases of intrapartum sepsis. Hysterectomy in obstetrics should be made a rare procedure with good antepartum, intrapartum and postpartum care.

MATERIAL

We are presenting here an analysis of 75 cases of hysterectomy performed during pregnancy, labour and puerperium, at

Govt. R. S. R. M. Lying in Hospital, Madras. During a 5 year period from 1984 to 1988, a total of 75 hysterectomies were performed, during which time there were 59,564 deliveries giving the incidence as 1 in 794 deliveries (0.13%).

OBSERVATION

37 patients (50%) were between 20 and 29 years of age, 20 patients (26.7%) were between 30 and 34 years of age and 15 patients (20%) were more than 35 years of age. Only 3 patients (4%) were less than 19 years of age.

45 patients (60%) were gravida II and III, 12 patients (16%) were gravida IV, 15 patients (20%) were gravida V and more, Only 3 patients (4%) were primigravidae.

Out of the 75 cases studied 67 patients (89.34%) were unbooked at the time of admis-

Govt. R. S. R. M. Lying in Hospital, Madras.

Accepted for publication : 26-10-90.

sion. Out of this 20 patients were admitted with very poor general condition due to haemorrhagic and septic shock. 8 patients (10.66%) had attended antenatal clinic in our hospital regularly.

Emergency hysterectomy was performed in 68 patients (90.7%). In 7 patients (9.3%) elective hysterectomy was performed for the following reasons, fibroid with pregnancy, secondary abdominal pregnancy, persistent trophoblastic activity following vesicular mole evacuation in 2 patients and failure of conservative line of management of septic abortion in 3 patients.

The commonest indication for emergency hysterectomy was rupture in 39 patients (52%). In 18 patients (24%) hysterectomy was required for uncontrollable atonic post partum haemorrhage. Broad ligament haematoma due to extension of LSCS wound was the indication for hysterectomy in 5 patients (6.6%). In two patients with placenta previa following natural delivery there was

adherent placenta due to placenta accreta and placenta percreta, and in these two patients we had to resort to hysterectomy. Hysterectomy was done for cornual rupture of ectopic pregnancy in one patient (1.33%). Gross intrapartum sepsis was the indication in one patient where the patient presented with MRO and threatened rupture (Table I).

Out of the 39 patients with rupture uterus, complete rupture was seen in 33 patients and incomplete rupture in 6 patients. The cause of rupture was dehiscence of previous LSCS scar in 17 patients. Obstructed labour in 21 patients and there was one case of traumatic rupture.

All 18 patients who had hysterectomy for atonic PPH were multigravidae who had completed the family. PPH was seen following LSCS in 12 patients, following natural delivery in 5 patients and following forceps in one patient.

Two multigravid women following vesicular mole evacuation presented with ir-

TABLE I

Indications for Obstetric Hysterectomy

	No.	%
Rupture uterus	30	52
Atonic PPH	18	24
Broad ligament haematoma	5	6.7
Adherent placenta	2	2.66
Ectopic pregnancy	1	1.33
Intrapartum sepsis	1	1.33
Vesicular mole	2	2.66
Septic abortion	4	5.33
Secondary abdominal pregnancy	2	2.66
Fibroid complicating pregnancy	1	1.33

regular vaginal bleeding, subinvolution of uterus and persistent trophoblastic activity. In these patients total abdominal hysterectomy was performed as an elective procedure.

Septic induced abortion was the indication for hysterectomy in 4 patients. In an unmarried girl, hysterectomy was done as an emergency procedure due to extensive uterine perforation and bowel injury with sepsis. However the girl died on the 3rd day due to septicaemia. In three patients there was failure of conservative line of management and they presented with TO masses and in these patients hysterectomy was performed as an elective procedure.

Secondary abdominal pregnancy was seen in 2 patients (2.6%). One patient was taken for elective procedure and the other who underwent emergency laparotomy and hysterectomy died 24 hours after surgery.

One patient who was admitted for suction evacuation and sterilization was found to have fibroid complicating pregnancy corresponding to 18 wks size and was proceeded with total hysterectomy.

Subtotal hysterectomy was done in 65 patients (86%) and total hysterectomy in 10 patients (13.3%). Intra operative complications such as bladder injury ureteric injury and bowel injury were seen in 4 patients (5.33%). All the patients needed 2-4 units of blood.

Post operative complications were seen in 38 patients (51.33%). 20 patients had pyrexia (26.7%). Paralytic ileus was seen in 4 patients (5.33%) with rupture uterus and secondary abdominal pregnancy. 6 patients (8%) developed severe wound infection and peritonitis was seen in 4 patients (5.33%). One patient developed intestinal obstruction for whom relaparotomy was done and adhesions

were released. 3 cases of rupture uterus following hysterectomy developed VVF (2 cases) and UVF (1 case).

Mortality was seen in 12 patients (16%). All the patients were very badly handled outside and were admitted with haemorrhagic and septic shock. The cause of death was rupture uterus in 4 patients (5.33%) atonic PPH in 6 patients (8%), septic induced abortion (1 case) and secondary abdominal pregnancy (1 case).

DISCUSSION

The incidence of obstetric hysterectomy in our series was 1 in 794 deliveries (0.13%) Ambiyé et al in 1988, has given an incidence of 0.12%. Sturdee and Rushton in 1986, has given an incidence of 0.05% and 0.02% for emergency and elective obstetric hysterectomy. The commonest indication for emergency hysterectomy was rupture uterus in 39 patients (52%). This incidence is higher when compared to western authors such as Barclay (1969) who gives an incidence of 22.5%. In Ambiyé et al series the incidence of rupture uterus was 67.8%. This high incidence of rupture uterus in Indian series may be due to inadequate transport facilities, and obstetric care in rural areas.

Though it is advisable to do total abdominal hysterectomy, we had to resort to subtotal hysterectomy in 86.7% of patients due to poor general condition of the patients. Though hysterectomy is performed as a life saving procedure, mortality occurred in 16% of our patients, and this is due to severe haemorrhagic and septic shock when the patients were admitted to our hospital. And this can be prevented by providing adequate antepartum and intrapartum care, as well as by the easy availability of transport facilities.

