STUDY OF VAGINAL HYSTERECTOMY IN CASES OTHER THAN DONE FOR PROLAPSE

GAUTAM ALLAHBADIA ● VIJAY AMBIYE ● PRATIBHA VAIDYA

SUMMARY

The present study was a current series of various vaginal hysterectomies in cases other than prolapse procedures of 100 cases over the period Jan 1989 to December 1989 at our hospital. There was a 40% incidence of vaginal hysterectomies done for indications other than prolapse at our institution. Our review encompasses, the entire procedure from case examination, selection, pre-operative work-up and preparation operative techniques, post-operative management as also follow up upto 6 months including histopathology of the hysterectomy speciment

INTRODUCTION:

Vaginal Hysterectomy is a fairly common operation done for pathology of the uterus and in cases where the problem is in its supports, causing uterovaginal prolapse, Of these, the majority of cases belong to the latter group. Our review encompasses cases of vaginal hysterectomy other than done for prolapse.

MATERIAL AND METHODS :

A continuous casestudy over the entire study period from January 1989 to December 1989 was carried out. All significant findings and variations have been looked for and meticulously noted. The follow-up ranged from 1 month to 6 months, with many cases being lost to follow-up after the first visit because everything was found to be normal. The absence of revisit was presumed to be suggestive of cure without complaints. All 100 cases were given anesthesia fitness with admission usually being on the day before surgery. In most of the cases (81) spinal anesthesai and 9 were given,; 10 cases were given general anesthesia and 9 were given epidural anesthesia. Chemoprophylaxis used were Ampicillin, Garamycin and Metronidazole. In absence of any complications the patients were discharged on the 7th day and were called for

Dept. Of Obs. & Gyn. LTMCH. Sion, Bombay-400 022.

Accepted for Publication. on 3/12/91

follow-up 2 weeks after discharge or earlier if they had any complaints.

OBSERVATION AND RESULTS:

The age incidence in our series ranged from 30-69 years with a mean age of 35 years. Parity ranged from 0.5 without a uterovaginal prolapse. In our hospital vaginal hystereceomies were performed for 60% of prolapse and 40% for indications other than prolapse. Our study included 82 total vaginal hysterectomies, 5 vaginal hysterectomies with bilateral salpingophorectomy, 3 vaginal hysterectomies with unilateral oophorectomy, 3 schauta'ss radical vaginal hysterectomies, 2 vaginal hysterectomies with ovarian cystectomy, 2 vaginal hysterectomies with unilateral salpingoophorectomy and a unilateral salpingectomy, 1 vaginal hysterectomy with salpingectomy and 2 vaginal hysterectomies with unilateral salpingo oophorectomy. Some important complaint groups were menorrhagia (40%) and leucorrhoea (9%) (Table 1). There were 3 cases with carcinoma of cervix stage Ia and Ib in which cases schauta's radical vaginal hysterectomy were performed. The incidence of dysfunctional uterine bleeding in relation to tubal ligation in our series is almost 31%. The febrile morbidity was 47% and was not affected by chemoprophylaxis. Urinary tract infection occured in 32% cases. Vault infection

TABLE 1

INDICATIONS

(Results in Prcentages)

TYPE	PRESENT SERIES	MALANI SOLAPURKAR SERIES	THOMPSON AND LYON SERIES
DUB	87.00	45.74	10.00
a) Menorrhagia	40.00	25.31	-
b) Polymenorrhagia	28.00	09.50	-
c) Polymenorrhoea	09.00	09.47	-
d) Metrorrhagia	08.00	05.08	-
e) Post menopausal bleeding	02.00	08.01	-
OTHERS	13.00	-	10.00
a) Chronic leucorrhoea with chronic cervicitis	09.00	-	-
b) Chronic PID	03.00	-	-
c) Pregnancy	01.00	-	-

occured in 6% cases. SIgnifiacnt haemorrhage occurred in 20 patients out of which only 11 patients required blood transfusion. The mortality rate was nil. In the present series in one case who was in the perimenopausal age, hysterectomy was performed on mistaken diagnosis of fibroid uterus but cut section revealed pregnancy. Bladder injury occured in 2 cases. (Table 2). Both were recognised and repaired immediately in 3 layers with No. 3-0 chromic catgut on an atraumatic neddle Post-operatively healing was good. Four cases of hymtomatic vault granuloma presented with persistent blood stained discharge and were treated with silver nitrate - chemical cauterisation and later cryoapplication (Table 2). The histopathology was unremarkable for 30% of uterii and only 12% of services. In the present series, incidence of chronic cervicitis is 79% which is much higher but incidence of squamous cell carcinoma of cervix is only 3% (Table 3)

TABLE 2

Results in Percentages

TOPIC	PRESENT SERIES	THOMPSON AND LYON SERIES
Overall Morbidity	66.60	60.00
Ileus Obstruction	-	01.00
Bladder Injury	02.00	01.50
Symptomatic Vault Granuloma	04.00	20.30

TABLE 3

HISTOPATHOLOGY

(Results in Percentages)

A. UTERUS

Investigators	Unremarkable	Adeno myosis	Leiomyoma	Proliferative endometrium	Cystic glandular hyperplasia
Present series	30.00	19.00	22.00	47.00	11.00
Malani Solapurkar Series	22.04	01.78	—	20.94	11.91

B) CERVIX

Investigators	Chronic Cervicitis and/or Dysplasia	Squamous Cell Carcinoma of Cervix
Present series	79.00	03.00
Malani Solapurkar Series	—	00.72

DISCUSSION:

In the present series incidence of vaginal hysterectomy was higher than the abdominal hysterectomy (Table 4) Tubal Ligation was done in 45% cases in the present series and the problem of DUB related to tubal ligation is attributed to an impairment of blood supply to the ovary during the ligation procedure. In the present series inspite of chemoprophylaxis, there was a 47% incidence of febrile morbidity. One explanation may be the resistance developed by infecting organisms. Another reason may be that in our series, antibiotics were always administered more than 3 hours after surgery and hence intraoperatively adequate tissue levels could not be achieved. Our mortality rate wasnil and is within acceptable limits of the safety of the procedure, especially when compared to its abdominal counterpart.

TABLE 4

INCIDENCE
(Results in Percentages)

Hysterectomy	Present Series	Samras (1983)
a) Abdominal	30.33	62.00
b) Wertheim	02.00	—
c) Vaginal	64.67	27.00
d) Radical Schauta's Vaginal	03.00	—

REFERENCES:

1 *Solapurkar M.; Brit. Obstet. and Gynec. Journal Vo. 36 No.1, Page 142 Feb. 1986.*