

Role of Emergency Hysterectomy in Obstetrics

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Summary : Obstetric hysterectomy is performed as a life saving procedure as a last resort in cases where other treatments fail.

This prospective study was carried out at Sassoon General Hospital Pune from 1/1/93 to 30/6/94. Ten cases who underwent emergency obstetric hysterectomy are analysed.

The incidence of hysterectomy following vaginal delivery was 0.033% and that of Caesarean hysterectomy was 0.45%. The commonest indication was rupture uterus in 40% of cases. Maternal mortality was 10% and perinatal mortality 60%.

Introduction :

Edward Porro of Italy performed the first successful Caesarean hysterectomy in 1876. It is the last resort to save the mothers life but her reproductive capability is to be sacrificed. However if timely performed this procedure will help in reducing the maternal mortality.

Material and methods :

This prospective study was carried out at Sassoon General Hospital Poona, from 1/1/93 to 30/6/94. Ten cases who underwent emergency obstetric hysterectomy are analysed.

Observations :

**Table - 1
Incidence**

	No.	Hysterectomy	%
Vaginal Delivery	8964	3	0.033
Caesarean Section	1524	7	0.45

Table 1 shows that the incidence of emergency hysterectomy following vaginal delivery is 0.033% and that of caesarean hysterectomy is 0.45%.

Table II Shows the indications for performing hysterectomy.

**Table - II
Indications**

Abruptio Placentae	1
Placenta Praevia	1
Rupture Uterus	4
Atonic PPH	3
Placenta Accreta	1

- 1 Case each of abruptio placentae and placenta praevia underwent Caesarean hysterectomy for uncontrolled haemorrhage.
- 4 Cases of rupture uterus underwent Caesarean hysterectomy out of which 3 had a previous scar and were given trial with pitocin at rural health centres and thus mishandled.
- 3 Cases of atonic PPH, 2 following Vaginal delivery and 1 following Caesarean section were submitted to hysterectomy.
- All these were emergency admissions with prolonged labour as the major predisposing cause.

- 1 case of placenta accreta was referred from a rural hospital with profuse bleeding and was subjected to hysterectomy after failed MRP.

Table III.
Interventions to Arrest Haemorrhage

Blood	10
Dopamine	3
Dried Plasma	1
PGF ₂	6
Internal Iliac Ligation.	1

Table III Shows the interventions used to arrest haemorrhage.

- All the cases were liberally transfused with blood.
- 3 cases were maintained on Dopamine drip.
- 1 case of abruptio placentae received dried plasma.
- Injection PGF₂ was used in 6 cases.
- Ligation of anterior division of internal iliac artery was tried in a primi with atonic PPH but proved to be unsuccessful.

Table IV
Morbidity and Mortality

Infection	4
Bladder Injury	2
Death	1

Table IV Shows the morbidity & mortality encountered.

- Infective morbidity was noted in 40% and all the cases were anaemic on discharge.
- Intraoperative bladder injury occurred in 2 cases of scar rupture.
- Maternal mortality was 10%. One case of spontaneous rupture of uterus died due to haemorrhagic shock.

Discussion :

Hysterectomy as a method of treatment is a radical procedure. The obstetrical future of the patient is sacrificed. All the hysterectomies were performed as emergency as a last resort. Other conventional methods were tried in young and low parity groups. But when one is forced to decide upon hysterectomy, it is wise to perform it timely before the patients's condition further deteriorates. This will definitely help in reducing maternal mortality.