

Femoral Nerve Palsy following vaginal hysterectomy in Lithotomy Position

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Ayz, a 46 years old female came to the gynaecology OPD with complaints of something coming out of vagina and history of urinary complaints. Patient was para-6, with last delivery 2½ years back. She was menopausal for last 2 years. There was no history of any major illness in past.

General examination findings were normal. On local examination, she had a third degree prolapse with massive cystocele and rectocele. All her investigations were within normal limits.

Patient was operated for vaginal hysterectomy with A-P repair. The operation was done under spinal anaesthesia in lithotomy position. Legs were suspended by strapping the lithotomy bars to the feet. The duration of surgery was 2 hours 20 minutes.

On the third postoperative day when the patient was being mobilized, she complained of an inability to stand or walk. There was difficulty in getting up from squatting position. On attempting the same, she used to fall down. Patient also complained of loss of sensation over the medial aspect of thigh, all symptoms suggestive of femoral neuropathy. Patient was treated conservatively by physiotherapy i.e. local massage, passive hip and knee movements and heat therapy.

She was started on anti-inflammatory drugs and Vitamin B₁₂ injections (Neurobion). Patient recovered gradually, her sensory modality recovering first. By day-20, she was able to stand or walk few steps without support. But she was still unable to get up from squatting position or walk fast. Patient was discharged on day-27 with advise to continue physiotherapy.

The patient followed up regularly and after 3½ months, the neural recovery was almost complete with the patient actively engaged in her house work.