

## Obstetric Hysterectomy - A Review of 107 cases

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### Summary

One hundred seven cases of Obstetric Hysterectomy were reviewed in this study. These cases were collected from Nilratan Sircar Medical College & Hospital, Calcutta, from September, 1993 to December, 1999. Most of the cases were done as emergency procedure. The incidence of obstetric hysterectomy was (0.15%). The commonest indication was rupture uterus (38.3%). Postoperative morbidity was seen in 40.2% and mortality rate was (8.5%).

### Introduction

Even in the present day, Obstetric Hysterectomy is not a rare event in our country. Most often it is a life saving procedure and done as emergency measure.

### Material

This is a prospective study. One hundred seven cases of Obstetric Hysterectomy performed in N.R.S. Medical College & Hospital, Calcutta, from September, 1993 to December, 1999 were studied. They were analysed in terms of indication, complication, units of blood transfusion and maternal outcome.

### Observation

During about six and half year period there were 68,494 deliveries and 107 Obstetric Hysterectomy giving the incidence of about 1 in 640.13 deliveries. Average age of patients was 24 years, most of them had one or more children. But in 4 cases of nulliparas women including unmarried, hysterectomy were done due to septic abortion. Though total hysterectomy is ideal but the situation demanded subtotal Hysterectomy in 78 cases.

Table - 1

#### Indication of Obstetric Hysterectomy

Indication	Number
Rupture uterus	41 (38.3%)
Septic Abortion	14 (13%)
P.P.H. $\left\{ \begin{array}{l} \text{Atonic} \\ \text{Sec. Following L.S.C.S.} \end{array} \right.$	11 (10.3%) 7 (6.5%)
MTP injury	7 (6.5%)
Adherent placenta	9 (8.4%)
Placenta previa	2 (1.9%)
G.T.D.	5 (6.7%)
Chorio amnionitis	3 (2.8%)
Ectopic pregnancy	4 (3.8%)
Secondary Abdominal pregnancy	3 (2.8%)
Fibroid complicating pregnancy	1 (0.9%)
Total	107

Rupture uterus was the commonest indication of emergency hysterectomy. Most of the cases of rupture uterus were transferred from peripheral hospital. Septic abortion was the second leading cause (Table - I). Hysterectomy required in 7 cases of secondary P.P.H. following L.S.C.S. and during laparotomy it was found that the suture lines in uterus were grossly infected with necrosis and sloughing.

Sixty four cases were without any post operative complication while remaining 53 (40.2%) cases had one or more complications as shown in Table - II. Most of the patients required blood transfusion ranging from 2-5 units. There were 9 (8.4%) maternal death. All these cases were admitted from outside with haemorrhage and septic shock. One case died due to renal failure and another due to D.I.C.

#### Total - II Postoperative Complications

Complication	Number
Fever	27 (25.2%)
Paralytic ileus	19 (17.8%)
Wound infection	9 (8.4%)
Wound gaping	7 (6.5%)
Endotoxic shock	3 (2.8%)
Renal failure	3 (2.8%)
Foecal fistula	2 (1.9%)
D.I.C.	1 (0.9%)

#### Discussion

Even in present day of obstetric practice, obstetric hysterectomy is not a rare event in our country. It is essential that one should be familiar with the factors that may precipitate the need for such drastic surgery and its inherent complication.

Incidence of obstetric hysterectomy in present series was, which is slightly higher than other current series (Table-III), because our institution is the most important referral centre in this region. The commonest indication for emergency hysterectomy was ruptured uterus (38.3). It is considerably higher as compared to other series (11.4% Sturdee and Ruston 1986, 22.5%, Barclay, 1969, 20% Allahabadia et al 1991, 13.3% A. P. Agashe and Marathe 1995). It was mainly due to unbooked and transferred cases from peripheral hospital. Indications are compared in Table - IV.

**Table - III**  
**Incidence of obstetric Hysterectomy**

Author	Incidence
Barclay (1969)	0.61%
Patterson (1970)	0.36%
Sturdee and Rushton (1986)	0.07%
Ambiye and Venkatraman (1988)	0.12%
T. Radha et al (1991)	0.13%
Agashe & Marathe (1995)	0.056%
S. Pati et al (1998)	5.4%
Present study (1999)	0.15%

Postoperative shock, pyrexia, paralytic ileus, wound infection were common complications. Prolonged labour, intrauterine manipulation and dormant sepsis probably account for these complications. Maternal mortality was seen in 9 (8.4%) cases and compared with other studies (Table - V). It could be prevented by early referral of these cases and availability of E.O.C. within 2 hours from the centre.

**Table - V**  
**Maternal Mortality**

Author	Incidence
Sturdee and Rushton (1986)	Nil
Ambiye and Venkatraman	9.3%
T. Radha et al (1991)	16%
Agashe and Marathe (1995)	20%
S. Pati et al (1998)	16.4%
Present Study (1999)	8.4%

#### Conclusion

Obstetric hysterectomy is a life saving procedure in most of the cases where indications should be crystal clear. Decision should be prompt and done by a confident surgeon. Performance of obstetric hysterectomy can be the difference between life and death for the patient. So every Obstetrician should be trained to perform this procedure. Specialist service should be available to

**Table - IV**  
**Comparison of Indications**

Indication	Ambiye and Venkatraman et al(1988)	T. Radha et al (1991)	Agashe and Marathe (1995)	S. Pati et al (1998)	Present Study
Rupture Uterus	67.8%	32%	13.5%	64.4%	38.3%
Septic Abortion	8.4%	5.33%	-	-	13.0%
P. P. H.	8.4%	24%	60%	16.4%	14.9%
MTP Injury	10.3%	-	-	5.5%	6.5%
Adherent placenta	-	2.66%	9.5%	12.3%	8.4%
G.T.D.	0.9%	2.66%	-	-	4.6%

reduce postoperative morbidity and mortality. In spite of this life saving measure there were a significant number of maternal deaths and this can be prevented by providing adequate antepartum and intrapartum care as well as easy availability of transport and blood transfusion facilities.

#### References

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