

# Hysterectomy for Obstetric Emergencies

Sahu Latika, Chakraverty Biswajit, Panda Subrat

Department of Obstetric and Gynecology, Rajah Muthiah Medical College and Hospital, Annamalai University, Tamil Nadu.

**OBJECTIVE** – To assess the incidence of obstetric hysterectomy, etiological factors resulting in obstetric hysterectomy and morbidity and mortality following obstetric hysterectomy. **METHODS** – A retrospective evaluatory study of cases of hysterectomies done as obstetric emergency during a 5 year period was carried out. **RESULTS** – Thirtysix emergency hysterectomies were performed, the incidence being 0.2006% of all confinements. Rupture uterus was the commonest indication. Febrile illness was the commonest morbidity seen in 47.2% of cases; maternal mortality was 5.55%. **CONCLUSION** – Awaiting of proper antenatal care identification of high risk cases and timely referral to a proper institution can avoid emergency hysterectomy and can also reduce the maternal morbidity and mortality.

**Key words** : obstetric hysterectomy, emergency hysterectomy

## Introduction

Emergency hysterectomy in obstetric practice has become relatively infrequent. The indications are mainly those in which life of the mother is threatened by unrelenting hemorrhage or by rupture uterus or by severe infection of the pregnant uterus and its contents. The exact incidence of emergency hysterectomy for obstetric causes is not known. The incidence varies from center to center depending upon available obstetric facilities like antenatal care, meticulous intranatal monitoring, trained paramedical personnel and obstetric performance at peripheral medical centres.

Hysterectomy is usually used as a last resort to save the life of the mother when all other means fail. Though the maternal mortality is reduced thereby, the reproductive capacity of the woman is sacrificed.

A review of 36 cases of emergency hysterectomy for obstetric causes is presented with an aim to study the indication, complication, morbidity and mortality.

## Material and Methods

Thirtysix emergency hysterectomies for obstetric indication done during 5 year period from 1st March, 1997 to 28th February, 2002 were analysed. The study includes hysterectomies performed in emergency during pregnancy, labour, puerperium, complication of induced abortion (MTP under Medical Termination Pregnancy Act, 1971) and ectopic gestation. Each case was analysed in detail with emphasis on indication, age, parity, type of operation performed, morbidity and mortality.

Paper received on 11/03 ; accepted on 5/11/03

Correspondence :

Dr. Saha Latika

Qr. No. C2 RSA Complex, Annamalai University,  
Annamalai Nagar, Tamil Nadu - 608 002.

Tel : 38720 (04144) E-mail : Latiratna@rediff.com

## Results

**Incidence** – Out of 17,497 confinements there were 36 emergency hysterectomies, the incidence being 0.2006% i.e. 1 in 486 cases.

As shown in Table I, 63.9% patients were between 26 to 35 years of age. Two patients were below 20 years of age. One 19 years old patient had an illegal abortion with calotropis induced by a quack leading to complete necrosis and rupture of the whole posterior uterine wall with septicemic shock. One 17 year old girl came with incomplete septic abortion with big perforation of uterus and broad ligament hematoma, as a result of induced abortion, done outside by a general practitioner.

66.5% cases were of parity 3 and 4, while 5.5% were grand multiparas.

**Indication**– Table II shows that most common indication for hysterectomy was rupture uterus (38.88%). Scar rupture was seen in two cases (14.2%). Traumatic uterine rupture due to forceps delivery occurred in two cases (14.2%).

Spontaneous rupture due to obstructed labour occurred in 10 cases (71.42%) out of which nine cases had cephalopelvic disproportion and one had neglected shoulder presentation.

Five cases (13.88%) of morbidly adherent placenta required hysterectomy. Placenta was adherent to previous LSCS scar in two cases. Two cases had previous history of legal induced abortion (MTP) and one case had previous manual removal of placenta.

There were two cases of huge broad ligament haematoma, in one case following vaginal delivery outside. The other case came with obstructed labor with

Table I. Relation of Age and Parity

Age (Years)	Parity					Total
	1	2	3	4	5	
< 20	2	-	-	-	-	2
21-25	4	2	3	1	-	10
26-30	-	2	8	7	1	18
31-35	-	-	-	4	1	5
>35	-	-	-	1	-	1
Total	6	4	11	13	2	36

Table II. Indications and Incidences of Emergency Hysterectomy

Indication	Total No. of cases in 5 Years	Incidence per 100 deliveries	No. of cases requiring emergency hysterectomy	Incidence of emergency hysterectomy per 100 deliveries
Rupture uterus	70	0.4	14	0.08
Severe atonic PPH	15	0.08	10	0.05
Placental causes	10	0.05	5	0.02
Severe chorioamnionitis	10	0.05	1	0.005
Septic abortion	100	0.5	1	0.005
Perforation following legal induced abortion (MTP)	4	0.02	1	0.005
Interstitial pregnancy	1	0.005	1	0.005
Angular pregnancy	1	0.005	1	0.005
Broad ligament hematoma	2	0.011	2	0.011

Table III. Postoperative Complications

	Number	Percent
Fever 101° for >24 hours	17	47.2
Paralytic ileus	4	11.1
Peritonitis	2	5.5
Wound infection	9	25.0
Ureterovaginal fistula	1	2.7
Burst abdomen	1	2.7
Endotoxic shock	1	2.7
Deep vein thrombosis	1	2.7

features of threatened rupture of uterus and a huge broad ligament hematoma.

About a third of the cases had no postoperative complication. Table III shows that the most common complication was febrile illness in 17 cases (47.2%) followed by wound infection in 9 cases (25%).

Table IV shows maternal mortality was only 5.55%. Of the two deaths one was due to irreversible hemorrhagic shock following ruptured uterus and the other was due to pulmonary embolism.

#### Hospital stay

Average hospital stay of the patients was 12 days. Ninetyfive percent of cases were unbooked and referred from outside. Delay in transport and late referral contributed to their moribund condition. Total hysterectomy was done in 14 cases while supracervical hysterectomy was done in the remaining 22 cases. Almost all cases required two units of blood transfusion on average.

#### Discussion

Emergency hysterectomy still remains a useful tool for the obstetrician. When one is forced to decide upon hysterectomy it is wise to perform it in time before the patient's condition further deteriorates. Knowledge of this operation and skill at its performance saves lives in catastrophic uterine rupture or intractable PPH.

Our incidence of 0.2006% was similar to 0.2% reported by Sikdar and Mandal<sup>1</sup> and 0.32% reported by Mantri et al<sup>2</sup>.

Rupture uterus was the commonest indication in 38.88% cases. This is much lower than 67.28% reported by Mantri et al<sup>2</sup>, 67.8% by Ambiye and Venkataraman<sup>3</sup>, 63.9% by Kaul<sup>4</sup> and 69.9% by Sinha and Mishra<sup>5</sup>. Allahabadia et

al<sup>6</sup> reported much lower incidence of 20%.

The mortality rate in our study was only 5.55%, which is similar to 6.01% reported by Sinha and Mishra<sup>5</sup> but much lower than 14% reported by Mantri et al<sup>2</sup> and 32% reported by Allahabadia et al<sup>6</sup>. Sturdee and Ruston<sup>7</sup> from Brimingham Maternity Hospital reported no mortality in their series over 15 years with 47 obstetric hysterectomies.

Morbidity and mortality were due to the condition for which hysterectomy was done and not due to the operative procedure.

#### References

1. Sikdar K and Mandal GS. Emergency Hysterectomy. *J Obstet Gynecol Ind* 1980; 30: 99 – 103.
2. Mantri L, Maheswari K, Chandra Kiran. Emergency Hysterectomy. A 10 years review, *J Obstet Gynecol Ind* 1993; 43: 936-9.
3. Ambiye VR, Venkataraman V, Kudchadkar DB et al. Hysterectomy. in obstetrics. *J Obstet Gynecol Ind* 1988; 38: 318-21.
4. Kaul R. Hysterectomy in obstetrics. *J Obstet Gynecol Ind*. 1982; 32: 294-8.
5. Sinha HH, Mishra MG. Hysterectomy for obstetrics emergencies. *J Obstet Gynecol Ind*. 2001; 5: 111-4
6. Allahabadia G, Ambiye V, Vaidya P. Obstetric Hysterectomy. A review of 50 cases from Jan 1987 to Aug 1990. *J Obstet and Gynecol Ind* 1991; 41: 634-7.
7. Sturdee DW Ruston DL. Obstetric Hysterectomy – 15 years review. *Br J Obstet Gynecol* 1986; 36: 270-3.