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A STUDY TO CHECK THE CRITERIA OF HYSTERECTOMY TO OBTAIN BETTER OUTCOMES

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Abstract

Background: *In Pakistan, the important gynecological method being carried out is Hysterectomy. The study was conducted in Services Hospital in order to check the criteria of hysterectomy. The aim of study was to obtain better results and to make the standard of patient's case better.*

Methods: *The study was conducted in Services Hospital Lahore from 1st January 2017 to 31st December 2017. The study was examined on clinical basis. Those patients were selected for study who encounter hysterectomy for benign gynecological situations.*

Results: *Total patients selected for this study were 114. The percentage of patients having abdominal hysterectomies, laparoscopic hysterectomies and vaginal hysterectomies were 83.33 %, 2.63% and 14.04% respectively. For vaginal hysterectomy, the usual mark of detection was genital prolapsed. Whereas, the usual mark of detection of abdominal hysterectomies was uterine fibroids. As compare to abdominal hysterectomy and laparoscopic hysterectomy the possibilities of difficulties for vaginal hysterectomy was less.*

Conclusion: *The study concluded that, along with serious guidance original access should be taken as first option for uterus that is not less than 12 weeks in size.*

Keywords: *Laparoscopic hysterectomy, abdominal hysterectomy, vaginal hysterectomy.*

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INTRODUCTION:

All around the world, the most common usually gynecological method the most commonly performed gynecological method is hysterectomy. In united states, about 600,000 hysterectomies are carried out on yearly basic [1]. Hysterectomy was experienced by 20 million ladies of us according to an assessment [2, 3]. In England, Hysterectomies are being carried out are more than 70,000 [4]. In Pakistan to hysterectomy is very common. These are three different types of hysterectomy. The included, Laparoscopic (AH) hysterectomy (LH), abdominal hysterectomy and vaginal hysterectomy (VH). In United Kingdom, abdominal hysterectomy was more commonly performed [4]. It is despite of the fact that these were similar difficulties for all the types of hysterectomy. The assessment was made in Services Hospital in order to have superior apprehension of application, diagnosis and obstacles in different types of hysterectomy carried out for benign gynecological situation in hospital.

METHODS:

The study was organized from 1st January 2017 to 31st December 2017. A specific Performa was made and completed by all the patients experiencing hysterectomy. To check complete enrollment, the hysterectomies carried out for proceeding malignancies were deducted from study.

Comprehensive and authentic information was assembled. From hospital documentation, irregular selection was done for confirmation of entered information. Through telephone information was gathered from particular patients or surgeon of data was not found.

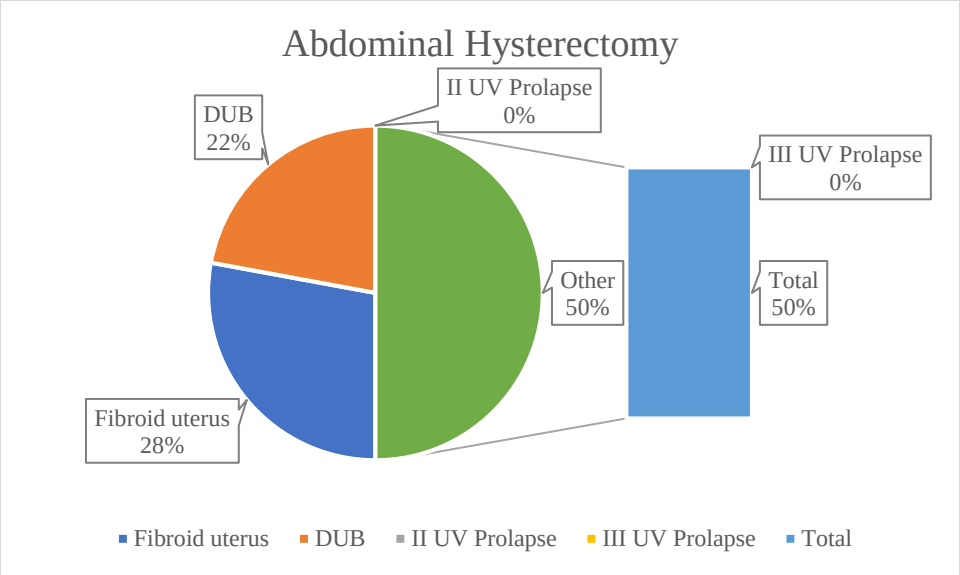
During operation, some information was collected. This information includes, blood loss, intra operative transfusions, difficulties of operation, activity of prophylactic oophorectomy, present of adhesive, uterus size nature of incision, type of hysterectomy, time of stay in hospital and qualification of surgeon. Some information was collected before performing the operation. This information includes level of hemoglobin, medical history, patients demographics and identification of hysterectomy after performing the operation difficulties faced during operation were checked and other important information was gathered for assessment. Information was assessed and by means of percentages and frequency, data was illustrated. Using satisfied package for social sciences (SPSS software), statistical estimation was done.

RESULTS:

Total patients selected for this study were 114. Mean age for these patients was 44 years. The patients experienced hysterectomy along with certain other disorders (commonly found are hysterectomy and diabetes mellitus) were 52 %. Whereas, majority of the patients experiencing abdominal and laparoscopic hysterectomy had no other disorder. The percentage of patients having abdominal hysterectomy, laparoscopic and vaginal hysterectomy were 83.3% (95),2.63% (03) and 14.4% (16) respectively. The marks of detection of various types of hysterectomy is illustrated in the Table 1.

Table No 01: Indications of Hysterectomy for Different Types.

Indications	Abdominal Hysterectomy N = 95 (83.33%)	Laparoscopic Hysterectomy N = 3 (2.63%)	Vaginal Hysterectomy N = 16 (14.04%)	Total N = 114 (100%)
Fibroid uterus	53	–	–	53
DUB	42	3	–	45
II UV Prolapse	–	–	10	10
III UV Prolapse	–	–	6	6
Total	95	3	16	114



For vaginal hysterectomy, the usual mark of detection was genital prolapse. Whereas, the usual mark of detection of abdominal hysterectomy was uterine fibroids. In those patients who experience vaginal or laparoscopic hysterectomy, the size of uterine was smaller as compare to patients experiencing abdominal hysterectomy. In patients experiencing vaginal hysterectomy, oophorectomy was not carried out simultaneously. As the age increases the prophylaxis procedure was also increasing. The procedure was under taken in 12.9 % patients if women age was between 41 to 45 years having abdominal hysterectomy. But this percentage was elevated to 55.3% when the women having abdominal hysterectomy were 46yesrs of age or more. For diagnostic or prophylaxis purposes, in the age of 50 years bilateral oophorectomies was experienced by 92.5%. As compare to vaginal hysterectomy, the overall problems were greater for abdominal hysterectomy. The rate of complications is defined as among 100 ladies, the number of ladies with one or more absolute problems. In patients experiencing vaginal hysterectomy, the rough possibility of problems was less uterus doesn't affect complication rate and it is also independent of method of performing hysterectomy.

Table No 02: Intra-operative Complications.

Complications	Abdominal Hysterectomy	Laparoscopic Hysterectomy	Vaginal Hysterectomy	Total
Anaemia (Hb<10 g/dl)	36	1	7	44
Fever	13	1	4	18
Infection	11	–	3	14
Injury to surrounding structures	3	–	1	4

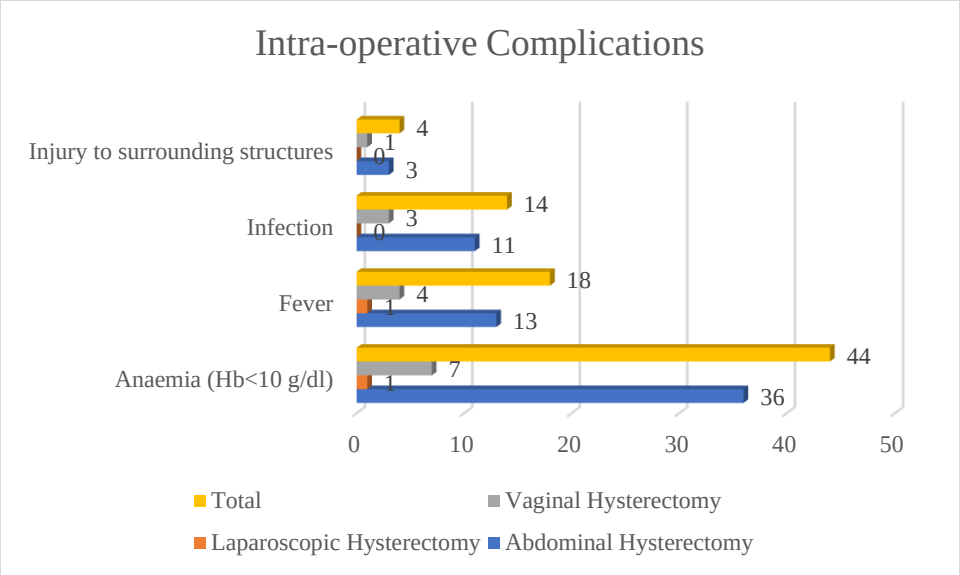


Table No 03: Per Operative Blood Loss.

Blood Loss	Abdominal Hysterectomy	Laparoscopic Hysterectomy	Vaginal Hysterectomy	Total
< 500 ml	60	3	11	74
> 500 ml	35	–	5	40

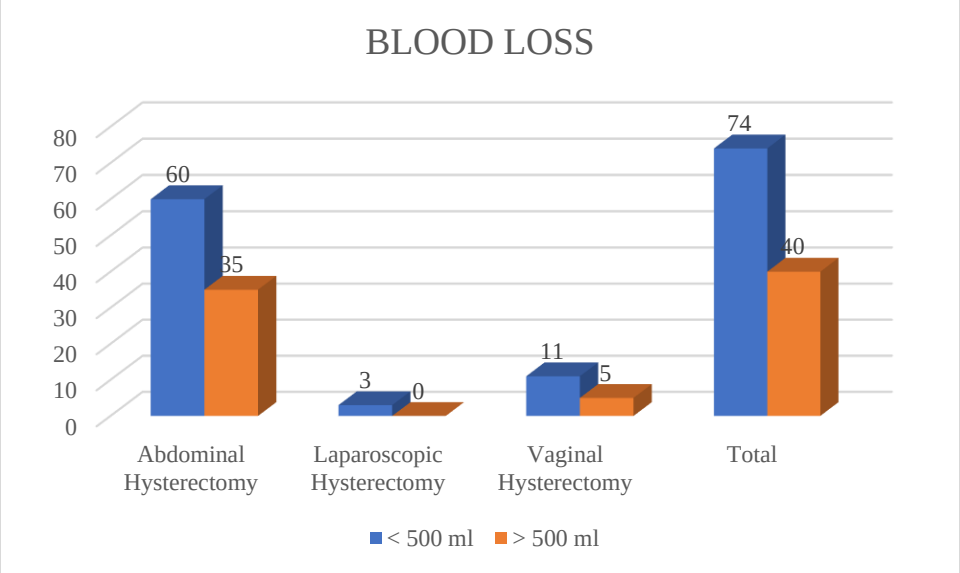
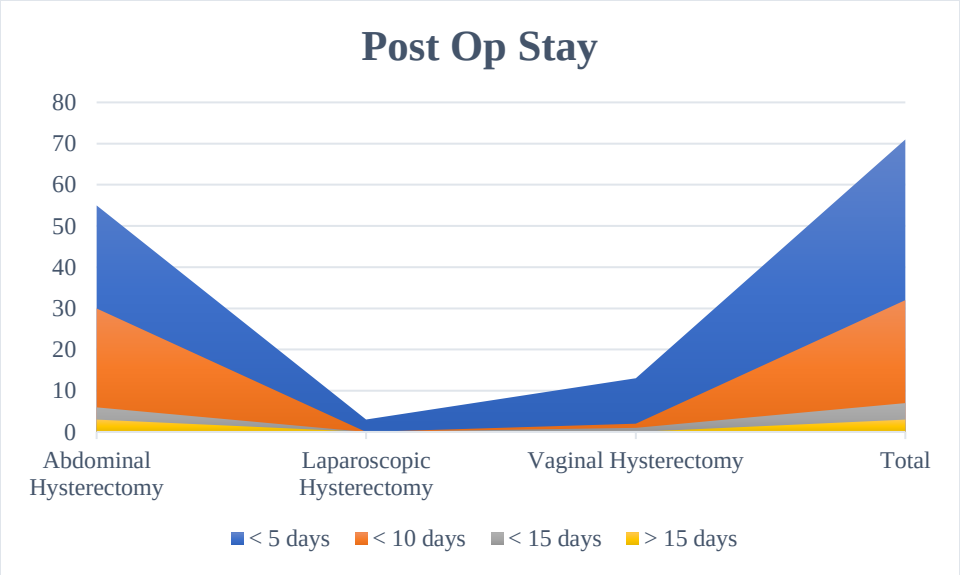


Table No 04: Post Op Stay.

Days	Abdominal Hysterectomy	Laparoscopic Hysterectomy	Vaginal Hysterectomy	Total
< 5 days	55	3	13	71
< 10 days	30	–	2	32
< 15 days	6	–	1	7
> 15 days	3	–	–	3



DISCUSSION:

In Services Hospital, this one-year research study was examined in all these gynecological units. In United Kingdom, the patients experiencing vaginal hysterectomy were 30 % [4]. While in this study, patients with vaginal hysterectomy were only 14.4%. The difference between percentage of our study and that of United Kingdom value study 1993 – 1994 is very significant. No infection was observed in patients with vaginal hysterectomy. But in 12.3% patients experiencing abdominal hysterectomy, infection was observed. The chances of problems short time of hospital stay, recovery, less charges of hospital and better results are very low [5-11]. Many research studies illustrated this fact. In our study, although patients were having other disorders like diabetes mellitus hypertension etc., the chances of obstacles in vaginal hysterectomy were less for vaginal hysterectomy, the only mark for detection was genital pro-lapse. Whereas, fibroids were used for detection of most abdominal hysterectomy. Both situations are different.

A research study which estimate guidance for assessment of procedure of hysterectomy illustrated that the ratio of abdominal hysterectomy to vaginal hysterectomy methods is decreased from 3:1 to 1:1 due to execution of operation guidance [12]. About 46 patients could have vaginal hysterectomy in our study if those patients experienced vaginal hysterectomy who were without any other ambulatory disorder and size of uterus was 12 weeks or less. The results shown by vaginal hysterectomy were better as compare to abdominal hysterectomy. It is illustrated by the integral review that vaginal hysterectomy should be favored where possible [13]. Second to vaginal hysterectomy, laparoscopic hysterectomy is performed over abdominal hysterectomy. Laparoscopic hysterectomy offers disadvantage of more injurious in urinary tract and long duration of operation. Less drop-in hemoglobin, shorter duration of stay in hospital, quick recovery, less loss of blood during operation and less injuries are some advantage of laparoscopic hysterectomy as compare to abdominal hysterectomy. While considering the advantages and disadvantages of laparoscopic hysterectomy and after discussing them with surgeon, patients should himself choose hysterectomy [14]. In our examination, all of the vaginal and abdominal hysterectomy were evaluated which were carried out by our trainees. In the value national hysterectomy, analysis was made for 34% of the hysterectomy. These hysterectomies were assigned to non – consultants. For hysterectomy, detailed study has been conducted to check activity of antibiotic prophylaxis. Now for all types of hysterectomy, antibiotic prophylaxis is considered in national guidelines [15]. In our study, all patients received antibiotic prophylaxis.

CONCLUSION:

As compare to abdominal and laparoscopic hysterectomy, vaginal hysterectomy offers less chance of problems. As mentioned in international documents and in literature, the possibility of main visceral injury was same. For better performance of vaginal hysterectomy, there is a need of more guidance. In spite of receiving routine medication, issue is created by infections disorders without considering which type of hysterectomy is being

carried. There is need to improve the performance of surgeon by more training. Proportion of patients taking DVT prophylaxis and selection of type of hysterectomy.

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