Research Paper

Volume : 3 | Issue : 2 | February 2014 • ISSN No 2277 - 8179

Study of Emergency Obstetric Hysterectomy

Medical Science

KEYWORDS : Obstetric hysterectomy, Maternal mortality, Atonic PPH, Rupture uterus.

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ABSTRACT

A retrospective analysis of 29 cases of emergency obstetric hysterectomies done from dec.2010 to march 2012. The various factors regarding age, parity, indications of hysterectomy and type of hysterectomies were studied. Incidence rate was 0.35%. Most women were found in the age group of 26-30 years. 28 out of 29 cases were belonged to multipara. Most common indications were atonic PPH and rupture uterus. Subtotal hysterectomy was most commonly performed type of hysterectomy. 25 out of 29 hysterectomies were performed after LSCS. 20 patients had to stay for prolonged period in hospital due to post-ope morbidity. Active management of 3rd stage of labour, early recognization of complications, blood transfusion facilities and timely referral to tertiary centers are very important measures to be taken to prevent maternal mortality.

1. Introduction

- Obstetric hysterectomy is a hysterectomy performed on a gravid uterus during pregnancy, labor or Puerperium. It was first done by Horatio Storer in 1869.
- In no other gynecological or obstetrical surgery is the surgeon in as much a dilemma as when deciding to resort to an emergency hysterectomy. On one hand it is the last resort to save a mother's life, and beside, the mother's reproductive capability is sacrificed.
- Most of the times the operation is carried out when the condition of the patient is too critical to withstand the risks of anesthesia or surgery. Early refer patient to tertiary care center, Proper timing and meticulous care may reduce or prevent maternal complications.

2. Material and Methods.

A retrospective analysis of 29 cases of emergency hysterectomies done for obstetric indications from December 2010–march 2012, was done.

- Maternal characteristics, indications for hysterectomy, and causes of maternal morbidity and mortality were studied. Hysterectomy for any indication during pregnancy, labor and Puerperium has been included.
- The study also included hysterectomies done for complications following pregnancy termination, such as perforation and sepsis. Each case record was analyzed in details with special emphasis on indication, demographic data (age, parity, booked or emergency case etc.),type of operation performed, problems encountered during operation, morbidity, and mortality.

3. Results

INCIDENCE

There were 29 cases of emergency hysterectomies amongst 8196 deliveries during the period of study giving an incidence of 0.35 %. i.e. 1 in 282.6.

MATERNAL CHARACTERISTICS

a. AGE– 82.7 percent of the women were in the age group of 26-30 years. (Table – 1) The youngest woman was of 22 years of age and the oldest was 40 years old.

b. PARITY – Only one women were primiparous. 51.7 percent belonged to parity three or four while 44.87% were grandmultiparas.

c. ANTENATAL BOOKING– twenty three were unbooked (79.3%) and six booked (20.6%) for delivery

AGE AND PARITY

Age	1st para	2nd para	3rd para	4th or > para
20 - 25 yrs	1	2	-	-
26 - 30 yrs	-	4	9	11
31 - 35 yrs	-	-	-	1
36 - 40 yrs	-	-	-	1
Total	1	6	9	13

INDICATION OF HYSTERECTOMY

Postpartum hemorrhage (62%) and ruptured uterus(31%) were the two major indications for obstetric hysterectomy (Table 2).

Patient may have more than one indication (TABLE-2)

	INDICATION	NUMBER
1	Atonic PPH	18
	- LSCS For Prolonged labour	7
	- Vaginal delivery f/b Prolonged labour	2
	- PPH Due to Placenta Previa	2
2	Rupture Uterus	9
	- Obstructed Labour	7
	- Oxytocin	0
	- Dehiscence Of Scar	2
3	P.Previa	7
4	Morbidly Adherent Placenta	7
5	Extension Of Wound Incision	2
6	Post Abortion	1

High risk factors.

Grand multiparta (13/29), Antepartum hemorrhage (7/29) and prior cesarean section (11/29) were the significant high risk factors .

Timing of hysterectomy	
Intrapartum	20
Postpartum	8
Post abortion	1
Total	29

In placenta previa, the placenta is attached to the lower uterine segment which does not retract well after placental separation and this leads to the sinuses remaining open after delivery, causing postpartum hemorrhage (PPH). Operative intervention and a high incidence of adherent placenta are also contribut-

ing factors for PPH. three patient having couvellaire uterus. One having broad ligament hematoma.

High risk factor

- Rupture uterus (9)
- Morbidly adherent placenta (7)
- Placenta previa (7)
- Accidental History of retained hemorrhage (7)
- Previous LSCS(11)
- Grandmultipara (13)
- Prolonged labor (7)
- Scar dehiscence (2)

Type of Operation

In 68.9% of the cases, subtotal hysterectomy(table-3)was performed.

It is not always possible to do total abdominal hysterectomy as the patients' general condition is often poor. It is important to ligate the stumps doubly and carefully, as tissues are more vascular and edematous. Altered coagulation often contributes to more bleeding.

In our study, three cases had excessive collection of blood in the abdominal cavity postoperatively in spite of the abdominal drain and required relaparotomy. In all of them the bleeding was from the raw surface. Two of them needed internal iliac artery ligation. In the third case, since internal iliac artery ligation was done during hysterectomy

MODES OF DELIVERY AND HYSTERECTOMY(table-3)

Modes of delivery	Number of hysterectomy
Vaginal	3
After LSCS	25
Following abortion	1
Total	29

Types of hysterectomy	Number of hysterectomy
Total	9
Sub total	20
Total	29

Post Operative Complications

34.4% of cases suffered from febrile morbidity. There were six maternal deaths giving a maternal mortality of 20.6%. These were due to septicemia in five, DIC following acute blood loss in nine and hypovolemic shock in four. There were 15 still births, 8 live births, and 6 neonatal deaths. One women had hysterectomy for septic abortion.

Complications and post- operative morbidity.

- Causes No. of cases Percentage
- Blood transfusion(29) 100%
- ICU (9) 31%
- Febrile morbidity (10) 34.4%
- Septicemia(5) 17%
- Urinary tract infection (1) 3.4%
- Bladder injury (1) 3.4%
- ARF (6) 20.6%
- Pneumonitis (3) 10.3%
- Coagulopathy (9) 31.03%
- Internal hemorrhage (3) 10.3%
- Some women had more than one morbidity.

Table 5. Comparative incidence of obstetric hysterectomy

Author Incidence

1. Afaf R.A. Alsayali et et al(2000). 0.039%
2. Praneshwari Devi et al (2004) 0.0779%
3. singh *richa*, nagrath *arun et al(2005)*.0.435%
4. alka singh, meera hada et al(2006).0.07%
5. nasima siddiqi,asifa ghazi et al(2007)0.56%
6. sahasrabhojanee mrinalini, jindal manjusha et al(2008).0.35%
7. Present study 0.35%

	REFER TO EMERGENCY	COME TO EMERGENCY
APH	13	2
P.PREVIA	6	1
ACCIDENTAL HAEMORRHAGE	7	1
POST ABORTION	1	-
PROLONGED LABOUR	7	-
ATONIC PPH	16	2
RAPTURE UTERUS	9	-
DEHISCENCE OF SCAR	2	-
EXTENTION OF WOUND	-	2
ADHERANT PALACENTA	4	3
MORTALITY	5	1

4. Discussion

Incidence of emergency hysterectomy in the present study was 0.35% which is higher than that in many other studies. Because our institution is an important referral center in this region and most of our cases were referred from outside in moribund condition after complications occurred .Atonic PPH is the commonest indication for obstetric hysterectomy in our study (62%). Ruptured uterus is the second most common indication in our study accounting for 31% of cases.

Postoperative FEBRILE ILLNESS were common complications. Prolonged labor,intrauterine manipulation and dormant sepsis probably account for these complications. These could be prevented by early referral of these cases to well equipped centers which can treat emergency obstetric cases promptly and efficiently. Obstetric hysterectomy is a life saving surgery but decision should be prompt and treatment by an experienced surgeon. Every obstetrician should be trained to perform this surgery. In spite of this life saving measure, there occur significant number of maternal deaths which can be prevented by good maternal care, active management of third stage of labor, early recognition of complications, timely referral, and easy availability of transport and blood transfusion facilities. Community education about advantages of institutional delivery will save many such emergencies.

5. Conclusion

Cesarean hysterectomy still remains a necessary tool for the obstetrician. Knowledge of this operation and skill at its performance saves lives in catastrophic rupture of the uterus or intractable PPH.

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