

EMERGENCY OBSTETRICAL HYSTERECTOMY; DETERMINANTS AND COMPLICATIONS

Nuzhat Rasheed¹, Sumera Siddique¹, Iffat Yasmeen¹

ABSTRACT

Background: Obstetrical hysterectomy is one major marker of obstetric morbidity. It still complicates the substantial number of pregnancies in third world. **Objective:** This study was carried out to determine the frequency and causes of obstetric hysterectomy and morbidity and mortality related to it in Sheikh Zayed Hospital, Rahim Yar Khan. **Patients and Methods:** This was a descriptive study including all the patients who underwent obstetrical hysterectomy from 1st January 2010 to 30th June 2010, in Sheikh Zayed Hospital. Data was collected through predesigned proforma & analyzed through SPSS version 10. **Results:** During the study period 6,541 deliveries were conducted including both vaginal & through cesarean section. 19 (0.29%) patients underwent obstetrical hysterectomy. Among them 42% were due to atonic uterus, septic RPOCs (10%), 21% due to morbid adherence of placenta and 5% due to uterine inversion. The developed complications were bladder trauma (21%), repeat Laparotomy (15.8%), fever (21%), wound infection (21%), DIC (15.8%) and mortality (5%). All the patients were unbooked. **Conclusion:** Incidence of obstetric hysterectomy in our area is relatively high probably due to large number of referred cases from rural Sindh, Baluchistan & Punjab. These patients had many avoidable factors such as high parity, inadequate maternity and family planning services and unbooked status.

Key Words: Obstetrical hysterectomy, post partum hemorrhage, uterine atony.

INTRODUCTION

Peripartum hysterectomy is an emergency procedure for obstetrical haemorrhage indicated when procedures fails to control bleeding.¹ It is associated with severe blood loss, intra-operative & post-operative morbidity and mortality in the long term. The loss of fertility may be devastating to the patients. The most common indications for emergency obstetrical hysterectomy are uterine atony, ruptured uterus and abnormally adherent placenta. Recent studies showed that adherent placenta on previous scar is the commonest indication even in young females.²

Incidence in developing countries like Pakistan is much higher than the developed countries because of lack of health care facilities at rural areas and awareness regarding family planning.¹ Our hospital is only tertiary care center in this area and caters patients from Southern Punjab, Balochistan and Sindh. The objective of this study was to evaluate the frequency, causes of obstetrical hysterectomy and morbidity & mortality associated with this procedure.

PATIENTS & METHODS

This was a descriptive study conducted at Obstetrical & Gynaecology Department of Sheikh

Zayed Hospital, Rahim Yar Khan, over a period of six months, from 1st January 2010 to 30th June 2010. The details of the patients who underwent emergency obstetrical hysterectomy such as, demographic data, risk factors, indications and complications were filled in predesigned proforma and data analysis was done in spss version 10.

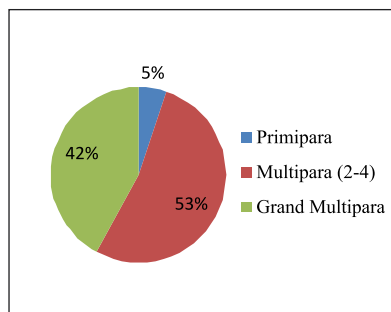
RESULTS

During study period there were 4952 deliveries and 1589 cesarean sections, out of them 19 cases underwent obstetrical hysterectomy resulting in frequency of 0.29%.

Table I: Distribution of the cases of emergency hysterectomy by age

Age in years	No.	Percentage
20-25	2	10.52%
26-30	10	52.60%
31-35	6	31.57%
36-40	1	5.6%

Figure I: Distribution of cases of emergency hysterectomy by Para



1. Obstetrics & Gynaecology Department, Sheikh Zayed Medical College / Hospital, Rahim Yar Khan

Correspondence: Dr. Nuzhat Rasheed, Associate Professor, Sheikh Zayed Medical College, Rahim Yar Khan.

Email: dmuzhatrasheed@gmail.com

Table No. II: Indications of emergency obstetrical hysterectomy

Indication	No.	Percentage
Atonic uterus	8	42%
Morbidly adherent placenta	4	21%
Ruptured uterus	2	10.5%
Laceration's	2	10.5%
Infected septic uterus	2	10.5%
Uterine inversion	1	5.26%

Table No. III: Intra-operative & Post-operative Complications

Complications	No.	Percentage
Bladder repair	4	21.05%
Fever	4	21.05%
Wound infections	4	21.05%
Repeat Laparotomy	3	15.78%
Disseminated intravascular coagulation	3	15.78%
Mortality	1	5.26%

Age wise distribution, parity, indications & complications are listed in the tables (I, II, III) and figure I. Majority of the patients belonged to age group 26-30 (52.63%) and were multipara (52.63%). Most common indication was atonic uterus (42%) then morbidly adherent placenta (21%), ruptured uterus (10.5%), septic uterus (10.5%) and uterine inversion (5%). Commonest intra and post-operative complications encountered were bladder trauma, fever, wound infection (21%). Less common were DIC and repeat Laparotomy (15.8%). Mortality was observed in 5.26% cases. It was noted that all the cases were of unbooked status.

DISCUSSION

Obstetrical hysterectomy is an emergency procedure, it is always performed to save the life of women when all other methods failed to save the uterus.

The incidence of emergency hysterectomy in our study was 0.29%. The incidence is higher in comparison to other national and international studies because our hospital cover vast area of population from Southern Punjab, Sindh & Balochistan. Majority of the people belongs to low income group, most of the deliveries are conducted by un-trained personnel and patients referred to the hospital are usually in very serious condition. Majority of the patients belonged to young age group i.e. 20-30 years and 94% belonged to multipara group and grand multipara which is comparable to a study in India³ showing

similar incidence. It may be due to social and cultural views of early marriages and avoidance of contraception.

The commonest indication for emergency hysterectomy was atonic uterus 42% followed by morbidly adherent placenta (21%) and uterine rupture (10.54%).

In 21% patients hysterectomy was done due to morbidly adherent placenta on previous scan which is comparable to other studies in Pakistan.^{4,5,6,7}

Abnormal placentation may be related to the fact that the incidence of operative deliveries is increasing.

There was only one (5.26%) maternal mortality which is lesser to other reported studies from Pakistan.^{2,7,8}

Majority of the complications observed were urinary bladder injury, fever and wound infection. DIC, and repeat laparotomy due to haemorrhage were less common and these were same as reported in other studies.^{9,10,11} These complications can be prevented by early referral of these cases to the well equipped centers which can treat emergency obstetric cases promptly and efficiently.

CONCLUSION

Emergency obstetrical hysterectomy which is life saving procedure, has low incidence and mortality and high morbidity in our setting. It can be reduced by controlling avoidable factors such as high parity inadequate family planning and delivery care service by improving health care services in rural areas.

REFERENCES

1. Vazquez JA, Rivera GV, Higareda SZ, Paez FG, Vega CC, Segura AP. Obstetrical Hysterectomy. Incidence, indications and complications, *Ginecol Obstet Mex.* 2008 Mar;76:156-60.
2. Nusrat Nisar, Nisar Ahmed. Emergency peripartum Hysterectomy: Frequency, indications and maternal outcome. *J Ayub Med Coll* 2009; 21: 48-51.
3. Kanta Anita, Wadhvani Kavita Emergency Obstetric Hysterectomy. *J Obstet Gynecol India* Mar / April 2005; 2: 132-134.
4. Korejo R, Jafarey SN. Obstetric Hysterectomy. Five years experience at Jinnah Post Graduate Medical center, Karachi. *J Pak Med Assoc* 1995; 45: 86-8.
5. Ehsan N, Mehmood A. Emergency Peripartum Hysterectomy: a study of 96 cases. *Pak J Surg* 1998; 14: 45-95.

6. Noor S, Majid S, Ruby N. An audit of Obstetric Hysterectomy. *J Coll Physicians Surg Pak* 2001; 11:642-5.
7. Tahir S Aleem M, Akram S. Indication and maternal outcome of emergency peripartum Hysterectomy. *Pak J Med Sciences* 2003; 19: 182-6.
8. Najma Bano, Shabnam Shaikh, Jan Mohammad Shaikh. Morbidity and Mortality associated with obstetric Hysterectomy. *J Ayub Med Coll Abbotabad* 2010; 22(2): 100-4.
9. Law WC, Fung HY, Rogers Ms. Ten years experience of cesarean and postpartum hysterectomy in a teaching hospital in Hong Kong. *Eur J Obstet Gynecol Reprod Biol.* 1997; 74: 133-7.
10. Bashir A, Ashraf R, Gul A, Tajamul A. Peripartum Hysterectomy. *Ann King Edward Coll* 2007; 13(1): 111-2.
11. Baskett JF. Emergency Obstetric Hysterectomy. *J Obstet Gynecology* 2003; 23: 353-5.