ORIGINAL ARTICLE

Emergency Obstetric Hysterectomy-A Five Year Review

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Abstract

The current study was undertaken to review cases of emergency peripartum hysterectomy regarding their incidence, risk factors, indications and complications and their results were carefully analysed. A retrospective study of cases of emergency peripartum hysterectomy performed between Jan 2006 to Dec 2010 at Rajender Prasad Govt Medical College (RPGMC), Tanda,Himachal Pradesh was done. Incidence of Emergency Obstetric hysterectomy was 0.07%. Total hysterectomy was performed in 56.25% and subtotal in 43.75% cases. The main indication was uncontrolled post partum haemorrhage (56.25%) followed by rupture uterus (31.25%).There was one (6.25%) maternal death. Emergency obstetric 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 deteriorates. Knowledge of this operation and skill at its performance saves lives in catastrophic uterine rupture or intractable PPH.

Key Words

Emergency Hysterectomy, Indications, Complications

Introduction

Obstetric haemorrhage is still a major cause of maternal mortality across the world. Although advances have been made in the development of conservative medical and surgical treatment of obstetric haemorrhage, emergency peripartum hysterectomy remains a life saving procedure in the management of intractable haemorrhage unresponsive to conservative management. The decision to resort to it is often difficult since the women's reproductive capacity is sacrificed. Incidence varies from centre to centre depending upon the obstetric facilities at the peripheral medical centre and the peripheral area to which that referral hospital caters. Reviews of 16 cases of hysterectomy done for obstetric causes over a period of 5 years are presented.

Materials and Method

This is a retrospective review of hospital charts identified from the hospital obstetric database of patients who underwent obstetric hysterectomy between Jan 2006 - Dec 2010 at RPGMC Tanda. Hysterectomy for any indication during pregnancy , labour and puerperium has been included. Each case was analysed in detail with emphasis on indication,age, parity,type of operation performed,morbidity and mortality.

Results

During the study period there were 24, 213 deliveries

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and 16 obstetric hysterectomies. The incidence works out to be 0.07%. Table 2 shows that 87.5% of cases were between 21-30 years and 75% of the patients were multiparous.

Table 3 shows that 56.25% of emergency hysterectomies were done for Atonic PPH followed by 31.25% for Rupture uterus. In one case Placenta was morbidly adherent. She was a case of previous Caesarean section and in one case hysterectomy was done because of extension of Caesarean section scar in a case of repeat caesarean section

Table 4 shows that 50% of cases suffered from febrile morbidity. 1 case developed ureterovaginal fistula (UVF)post operatively .Some women had more than one complication

Table.1 Incidence of Obstetric hysterectomy

Statistical data	Number
Vaginal deliveries	14,072
Caesarean section	10,141
Total deliveries	24,213
Obstetric hysterectomy	16

Table 2. Showing Age & Parity

Age(in years)	Parity 1	2	3	4	>4	Total	%
>20							
20-25	4	1				5	31.25%
26-30		9				9	56.25%
31-35		1				1	6.25%
>35		1				1	6.25%
Total	4	12				16	100%

Table.3 Indications of Obstetric hysterectomy

Indication	Number	Percentage(%)
Atonic PPH	9	56.25%
Rupture uterus	5	31.25%
Morbidly adherent placenta	1	6.25%
Extension of Caesarean section incision	1	6.25%
	16	100%

Table.4Complications of Obstetric hysterectomy

Complication	number	Percentage(%)
Fever	8	50%
Paralytic ileus	4	25%
Peritonitis	1	6.25%
Wound infection	3	18.7%
UVF	1	6.25%
Endotoxic shock	0	
Burst abdomen	1	6.25%
Deep vein thrombosis	0	

Discussion

Obstetric hysterectomy is performed in emergency as a last resort. Incidence of emergency hysterectomy in our study is 0.07% which is comparable with B.Bhattacharya(0.09%) (1) . There are studies which have shown much higher incidence comparatively, like that in the studies of Kant Anita(0.2%) (2) ,Hemali Sinha(0.3%) (3) and Kanwar Meenakshi(0.32%) (4). This could be because their institutes are apex ones, serving only high risk cases which are referred from outside in moribund conditions and after complications have occurred.

Of all the emergency obstetric hysterectomies(EOH)

,Atonic PPH is the leading cause in our study (56.25%) as is seen in the study of Kant Anita et al (41.4%)2 and B Bhattacharya (43.2%) (1).

Rupture uterus is the second most common indication (31.25%) in our study whereas this was the leading cause of emergency obstetric hysterectomy in the study conducted by Hemali Sinha(69.9%) (3), Kanwar Meenakshi(36.58%) (4), Singh Richa(37.25%) (5) and Sahu Lalitha(38.8%) (6).

Morbidly adherent placenta and extension of Caesarean section scar is the cause for other Emergency hysterectomies in our study.

Though total hysterectomy is the operation of choice, subtotal hysterectomy is quicker and hence preferable in moribund patients. In case of Placenta Previa, total hysterectomy is usually mandatory. 56.25% of the EOH are total while the rest (43.75%) are subtotal in our study.

Post operative pyrexia,paralytic ileus and wound infection are common complications seen in our study.

Prolonged labour, antepartum haemorrhage, obstructed labour, intrauterine manipulations and dormant sepsis probably account for these complications. These can be prevented by early referral of these cases to better equipped centres which can treat EOH cases promptly and efficiently.

Maternal mortality in our study was 6.25% which is comparable with that of Hemali Sinha(6.01%)3 and Sahu and Latika(5.5%)6. Maternal mortality was as low as 1.96% in the study of Singh Richa5 and as high as 11% in B.Bhattacharya's1 study.

Conclusion

Emergency obstetric 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 deteriorates. Knowledge of this operation and skill at its performance saves lives in catastrophic uterine rupture or intractable PPH.

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