

ORIGINAL ARTICLE

A Descriptive Study on Gynecological Indications of Hysterectomy Done at a Tertiary Care Hospital

R. Keerthi, K. Ramesh, T. Gangadhara Goud

ABSTRACT

Introduction: Hysterectomy is a common surgical procedure done to relieve many gynecological conditions. It is the only treatment option available for many causes and an optional procedure in a few conditions. As any surgical procedure is known to have its complications even hysterectomy has its own complications. Hence, before going for the invasive treatment options, women should always be offered newer, less invasive procedures, and minimize the long-term side effects following hysterectomy. **Objectives:** The objectives of the study were to know the symptoms, gynecological indications, and route of hysterectomy. **Methods:** A retrospective record-based descriptive study of 194 women who underwent hysterectomy at Vijayanagar Institute of Medical Sciences, Ballari, in the year 2018 and 2019 was carried out by adopting non-probability purposive sampling method, using pre-structured pro forma. Descriptive statistics used to describe age, religion, region, parity, indications, and route of hysterectomy and analyzed during January 20, 2020–March 30, 2020. **Results:** Of 194 cases, majority 46.39% were in the age of 31–40 years. 89.18% of the study subjects were Hindu by religion. 74.74% were from rural region, 56.19% were with parity 3 and 4. The most common symptoms were white discharge per vagina 34.53%, menorrhagia 28.35%, mass per vagina 23.71%, and pain abdomen 11.85%. In 70.1% of cases hysterectomy was performed through abdominal route. The most common indication for hysterectomy was chronic pelvic inflammatory disease (PID) and uterovaginal prolapse 29.38% each. Most of the women 79.90% stayed in hospital for more than 6 days. **Conclusion:** Most of the hysterectomies were performed in women with white discharge per vagina. Indication being PID and uterovaginal prolapse. Preferred route was abdominal.

Key words: Gynecological, hysterectomy, pelvic inflammatory disease, uterovaginal prolapse

INTRODUCTION

Hysterectomy is done to save women from life-threatening problems and leads a healthy life. Hysterectomy is a blessing and a curse to womankind. It is blessing if done with proper indication. Indications range from benign to malignant conditions, that is, abnormal vaginal bleeding, leiomyoma, adenomyosis, endometriosis, pelvic organ prolapse, pelvic inflammatory disease (PID), and cervical intraepithelial neoplasia.

Hysterectomy is a common surgery done nowadays. It is a surgical procedure for removal of uterus.

There are different types of hysterectomy:

Department of Community Medicine, Vijayanagar Institute of Medical Sciences, Bellary, Karnataka, India

- Subtotal: Removal of uterine fundus, leaving back the cervix in place
- Total: Removal of uterus and cervix
- Radical: Removal of uterus, cervix and surrounding tissue, and top part of vagina.

There are various approaches to perform this procedure, namely, abdominal, vaginal, and laparoscopic.

According to NFHS-4 survey, 6% of women in the age group of 30–49 years have undergone hysterectomy in India as a

Correspondence: Dr. K. Ramesh, Associate Professor, Department of Community Medicine, Vijayanagar Institute of Medical Sciences, Bellary, Karnataka, India. E-mail: ramspsm@gmail.com

How to cite: Keerthi R, Ramesh K, Goud TG. A Descriptive Study on Gynecological Indications of Hysterectomy Done at a Tertiary Care Hospital. Ann Community Health 2021;9(2):95-98.

whole. The prevalence of hysterectomy for the year 2016, there were about 10 million hysterectomized women aged 30–49 years living in India.^[1]

It is a curse if not done with proper indications and it also has intraoperative and post-operative complications and has many adverse effects. Studies have proven increased risk of *de novo* hyperlipidemia, hypertension, obesity, cardiac arrhythmias, and coronary artery disease.^[2]

Women suffer with bothersome psychosexual functions following hysterectomy. It has been proven that mean age of onset of menopause in those who underwent hysterectomy is 3.7 years earlier than average, even when ovaries are preserved.^[3]

Because of the health impacts of hysterectomy and the fact that most surgeries relieve women only of benign gynecological issues, many health professionals argue for alternative treatments and that hysterectomy should be resorted to only in the case of life-threatening diseases. The number of hysterectomies performed varies widely across different geographical settings due to variation in uterine pathology, providers, patient factors, and sociocultural reasons. In India, hysterectomy has received increased attention in health policy debates in the past few years. The trigger for increased focus is provided by a series of media reports that have highlighted an unusual surge in the number of women undergoing hysterectomy in many parts of the country, with a significant number of cases involving young and premenopausal women from poor families.^[4]

Some researchers and activists have questioned the unnecessary hysterectomies being carried out in some parts of India at a much younger age.

Under this backdrop, this study is planned to know the clinical profile of hysterectomy.

METHODS

Study Setting

Tertiary care center, Vijayanagar Institute of Medical Sciences, Bellary.

Study Design

This was a record-based descriptive study.

Study Subjects

Women underwent hysterectomy at Vijayanagar Institute of Medical Sciences between the year 2017 and 2018.

Sample Size

194.

Method of Data Collection

Study tool

Pre-designed structured questionnaire.

Method

Ethical clearance was taken from ethical committee. Necessary permission from Medical records officer was taken. Data collection process was started from October 1, 2020, to November 30, 2020. Required data were collected from the case sheets of patients who had undergone hysterectomy. Data were entered into Excel sheet.

Statistical Test Used

Mean, proportion, and standard deviation were used to describe the data.

Ethical Consideration

Ethical clearance was obtained from the Institutional Ethical Committee.

RESULTS

A total of 194 cases of hysterectomy were studied. Figure 1 shows the age distribution of study subjects. The age of the women was distributed from 19 years to 70 years. The most common age group was 31–40 years followed by 41–50 years. About 46.39% were in the age group of 31–40 years followed by 27.32% in the age group of 41–50 years. The average age at which women underwent hysterectomy is 41 years.

Table 1: Indications of hysterectomy

Indications	Percentages
Uterovaginal prolapse	29.38
Chronic PID	29.38
Fibroid	19.59
Dysfunctional uterine bleeding	7.22
Abnormal uterine bleeding	5.15
Tumors	4.12
Postmenopausal bleeding	1.55
Polyps	1.55
Cysts	1.02
Cervical agenesis with hematometra	0.52
Ovarian cyst with epigastric hernia	0.52
Total	100

PID: Pelvic inflammatory disease

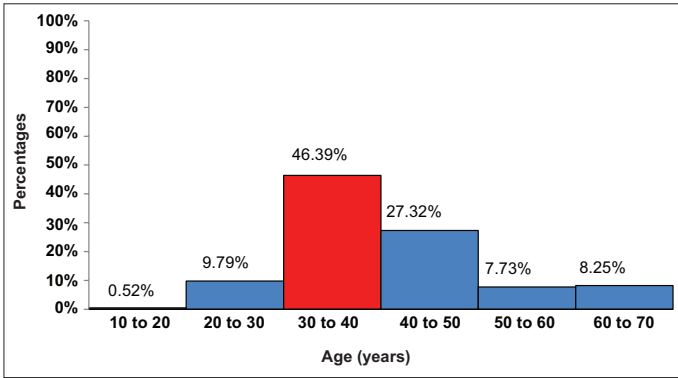


Figure 1: Age distribution of study subjects

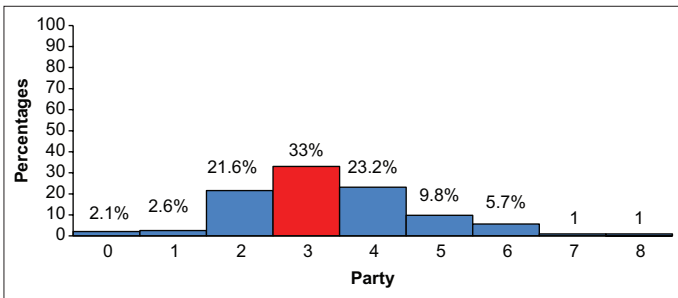


Figure 2: Distribution of study subjects based on parity

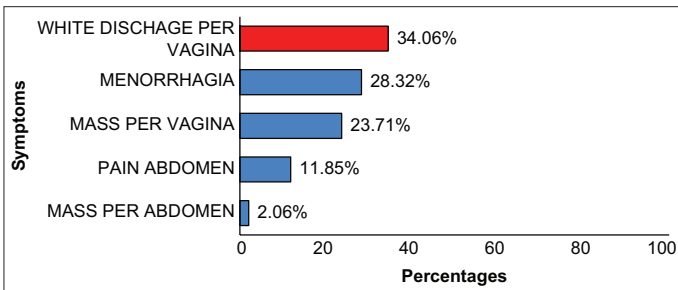


Figure 3: Distribution of study subjects based on symptoms

Figure 2 shows distribution of study subjects based on parity. Most of the women were para 3 and para 4 followed by para 1 and para 2. Women with para 3 and 4 constituted 56.19% and with para 1 and para 2 were 26.29%. Women with para 7 and para 8 constituted only 2.06%. Women with para 1, 2, 3, and 4 were 82.48% whereas women with para 5, 6, 7, and 8 constituted only 2.06%.

Figure 3 shows distribution of study subjects based on symptoms. Most of the women came with the complaint of pain abdomen constituting 45.88% followed by menorrhagia constituting 38.66%. Other complaints were white discharge per vagina 40.21%, mass per vagina 54%, and mass per abdomen 6%.

Figure 4 shows distribution of study subjects based on co-morbid conditions. Many women who underwent hysterectomy had no comorbid conditions. Few had hypertension constituting 11% followed by hypothyroidism

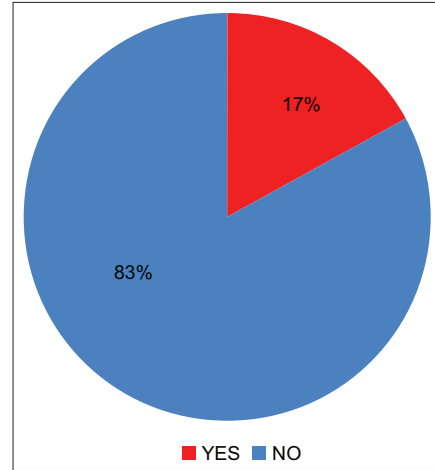


Figure 4: Distribution of study subjects based on comorbid conditions

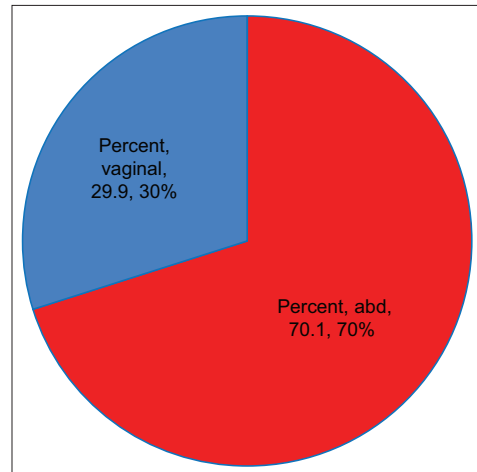


Figure 5: Distribution based on approach of hysterectomy

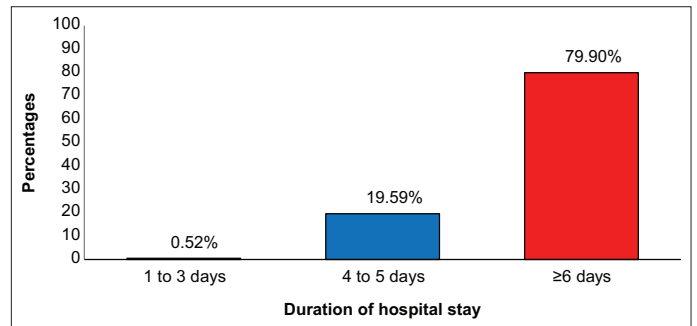


Figure 6: Duration of hospital stay of study subjects

and anemia in 2.58%. About 1.03% had Hbs-Ag and diabetes mellitus each. Others had epigastric hernia, typhoid, hydronephrosis, and chronic kidney injury.

Table 1 shows indications of hysterectomy. The most common indication for hysterectomy is both chronic PID and uterovaginal prolapse constituting 57% each followed by fibroid 38%. Other indications were dysfunctional uterine bleeding, abnormal uterine bleeding, tumors, polyps, and cysts constituting 19.07%. Other rare indication is the right

ovarian cyst with epigastric hernia and cervical agenesis with hematometra with 0.52% each.

Figure 5 shows distribution based on approach of hysterectomy. Of all the hysterectomies performed, abdominal route 70% and remaining were by vaginal route 30%.

Figure 6 shows duration of hospital stay of study subjects. Most of the women stayed in hospital for more than 6 days constituting 79.90% followed by 4–6 days 19.59%. Only 0.52% of cases stayed in hospital in 1–3 days.

DISCUSSION

The present study was conducted with the objective to know the gynecological indications of hysterectomy in a tertiary care hospital VIMS, Bellary. A total of 196 hysterectomies were done in a period of 2 years. Age of the patients in the present study was distributed between 19 and 70 years. Similar observations are in a study conducted by Saravana *et al.* The most common age group in our study was 31–40 years. 41–50 years were most common age group in a study by Saravana *et al.*^[5] This finding is due to increased number of people who attended VIMS in this age group. The average age at which women underwent hysterectomy is 41 years. Much similar finding of mean age was 40.26 years in a study by Medhi *et al.*^[6]

Most of the cases were parous women, majority were with para 3. Parity was 2 in a study conducted by Sivapragasam *et al.*^[7]

In the present study, majority of hysterectomy were performed through abdominal route followed by vaginal route. Same observations are in a study conducted at Pandey *et al.* (75% abdominal followed by vaginal).^[3] Similar observations are from Canada (abdominal 78% followed by vaginal). A decade long data from the UK show the same trend of abdominal hysterectomies being 5- to 6-fold more common than vaginal approach.^[8]

The most common indication was UV prolapse and PID followed by leiomyoma in the present study. The most common indication was pelvic organ prolapse in a study conducted by Sharma *et al.*^[9] The most common indication was fibroid uterus followed by dysfunctional uterine bleeding in a study by Yasmin and Chaudhry^[10] and in a study by Pandey *et al.*^[3] Common indication was leiomyoma followed by uterovaginal prolapse. Other indications are similar to many studies such as chronic PID, polyps, cysts, and tumors.

Duration of hospital stay was >6 days following hysterectomy in our study. As it is a major surgery, the duration of hospital stay is as expected. Similar findings were seen in a study by Yasmin and Chaudhry^[10] and at Hong Kong conducted by Leung *et al.*^[11]

CONCLUSION

The most common indication of hysterectomy in the present study was uterovaginal prolapse and chronic PID. These conditions are preventable if appropriate measures taken.

REFERENCES

1. Shekhar C, Paswan B, Singh A. Prevalence, sociodemographic determinants and self-reported reasons for hysterectomy in India. *Reprod Health* 2019;16:118.
2. Laughlin-Tommaso SK, Khan Z, Weaver AL, Smith CY, Rocca WA, Stewart EA. Cardiovascular and metabolic morbidity after hysterectomy with ovarian conservation: A cohort study. *Menopause* 2018;25:483.
3. Pandey D, Sehgal K, Saxena A, Hebbar S, Nambiar J, Bhat RG. An audit of indications, complications, and justification of hysterectomies at a teaching hospital in India. *Int J Reprod Med* 2014;2014:279273.
4. Prusty RK, Choithani C, Gupta SD. Predictors of hysterectomy among married women 15-49 years in India. *Reprod Health* 2018;15:3.
5. Saravana A, Patil SB, Patil SS. Clinicopathological study of hysterectomised specimens. *Int J Reprod Contracept Obstet Gynecol* 2016;6:246-8.
6. Medhi P, Dowerah S, Borgohain D. A histopathological audit of hysterectomy: Experience at a tertiary care teaching hospital. *Int J Contemp Med Res* 2016;3:1226-8.
7. Sivapragasam V, Rengasamy CK, Patil AB. An audit of hysterectomies: Indications, complications and clinico-pathological analysis of hysterectomy specimens in a tertiary care center. *Int J Reprod Contracept Obstet Gynaecol* 2018;7:689-94.
8. Mukhopadhaya N, Manyonda IT. The hysterectomy story in the United Kingdom. *J Mid Life Health* 2013;4:40.
9. Sharma C, Sharma M, Raina R, Soni A, Chander B, Verma S. Gynecological diseases in rural India: A critical appraisal of indications and route of surgery along with histopathology correlation of 922 women undergoing major gynecological surgery. *J Mid Life Health* 2014;5:55.
10. Yasmin TA, Chaudhry JN. Audit of gynaecological hysterectomies. *PJMHS* 2011;15:3.
11. Leung PL, Tsang SW, Yuen PM. An audit on hysterectomy for benign diseases in public hospitals in Hong Kong. *Hong Kong Med J* 2007;13:187.