

## **“Association of Hysterectomy & Gynecological Morbidity: Prospective study from remote area of Maharashtra in India.”**

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### **Abstract:**

**Background:** Hysterectomy is currently one of the most common gynecological operative procedures performed for over 150 years in the worldwide. However considering an questionable area of persistent controversy is whether the procedure, when required should be carried out or not? It is serious topic where work should be requires showing association with social and demographic factors of women who underwent hysterectomy from rural areas in India and their morbidity outcomes. Hence present study was planned by us to study the association of hysterectomy for clinico-pathological reasons with morbidity outcomes and evaluated gynecouological morbidity outcome after hysterectomy.

**Material & Methods:** The present study included 330 post hysterectomy patients from hospitals in and around Lonand town from Satara District in Maharashtra in India. Data was collected on demographic, clinical and surgical parameters, including perio-postoperative complications and morbidity on follow up.

**Results:** After analysis on the basis of complaints listed pelvic inflammatory disease was noted most commonly in 58.79% patients while prolapse was noted in 17.58% patients. On the basis of analysis of questioners the most of the patients found benefits from hysterectomy without any effect on regular work after hysterectomy in 88.79% patients. Postmenopausal symptoms were not found in more than 65% patients.

**Conclusion:** Present study concluded definite improvement in the morbidity after hysterectomy. Maximum patients resumed the normal work within six months after surgery. The result from study of 330 women clearly showed that there is definite improvement of symptoms for which they were operated.

**Keywords:** Hysterectomy, Postoperative complications in hysterectomy

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### **Introduction:**

Hysterectomy is currently one of the most common gynecological operative procedure performed for over 150 years in the worldwide. <sup>1</sup> However considering a questionable area of persistent controversy is whether the procedure, when required should be carried out or not? It is also a debatable subject of benefits of hysterectomy worldwide in news & discussion including certain facts like sex life, age of women, socioeconomic status etc.

It is also well known fact, the association of hysterectomy with morbidity, though it is very routinely performing in practice.<sup>2</sup>There have been numerous

prospective randomized studies and a recent meta-analysis investigating the association between the morbidity outcomes majority from developed countries.<sup>3</sup>

It is serious topic where work should be requires showing association with social and demographic factors of women who underwent hysterectomy from rural areas in India and their morbidity outcomes. Hence present study was planned by us to study the association of hysterectomy for clinico-pathological reasons with morbidity outcomes and evaluated gynecouological morbidity outcome after hysterectomy.

**Material & Methods:** The present study work was including patients from remote area of Lonand town located in satara District in Maharashtra. Women who underwent hysterectomy were included in the study. Those women who had come to clinic with gynecourological complaints and those who had accompanied as relatives of patients were included in the study. Of the total 360 women who underwent hysterectomy, 330 agreed to voluntarily participate while 30 women declined to participate; hence these were excluded from present study. A written informed consent was obtained from these patients.

A detailed questionnaire of the symptoms and nature of surgery , socio economic back ground, educational status; symptoms at time of surgery, type of surgery, symptoms during follow up was filled up correctly. Main emphasis was given on gynecological, urological, menopausal, and resumption of previous type of hard work. Clinical examination was done.

Laboratory investigations were included like Haemogram, urine routine, microscopy and abdominal and transvaginal sonography.

**Results:** In our present study, total 330 voluntary patients participated as subjects who undergo Hysterectomy. The patients included image range from 26 -70 (Years).Majority of patients were from 40-45 (years) age group (33.93%).However there was seen 40% patients under age 35 years. 73.94 patients undergo abdominal hysterectomy. Majority of participant patients (70.61%) were from remote area.

After analysis on the basis of complaints listed in table.3 pelvic inflammatory disease was noted most commonly in 58.79% patients while prolapsed was noted in 17.58% patients. On the basis of analysis of table.4 the most of the patients found benefits from hysterectomy without any effect on regular work after hysterectomy in 88.79% patients. Postmenopausal symptoms were not found in more than 65% patients.

**Observations:**

**Table 1: Age wise distribution of subject participant Patients:**

S. No.	Age group	Numbers of subjects	%
1	26yrs to29yrs	8	2.4
2	30yrs to34yrs	86	26
3	35yrs to39yrs	83	25.30
4	40yrs to44yrs	112	33.93
5	45yrs to 49yrs	18	5.45
6	50yrs to 54yrs	5	1.5
7	55yrs to 59yrs	4	1.21
8	60yrs to 64yrs	8	2.4
9	65yrs to 70yrs	6	1.81

**Table2: Demographic & socioeconomic summary of subject participant Patients:**

Headings covered	Numbers	%
Total included subjects (n=330)	<b>330</b>	
<b>Hysterectomy</b>		
Abdominal	244	73.94
Vaginal	78	23.33
LAVH/TLH	8	2.4
<b>Residence</b>		
Metropolitan/Urban	<b>7</b>	<b>2.12</b>
Rural	90	<b>27.27</b>
Remote	233	<b>70.61</b>
<b>Age groups</b>		
<40	177	53.63
40-59yrs	139	42.12
60-70	14	4.24

**Table 3: Indications & associated complications of Hysterectomy:**

<b>Indications</b>		
Dysfunctional uterine bleeding	32	9.7
Pelvic inflammatory Disease	194	58.79
Fibroid { . Other fibroid+cx erosion }	16	4.84
Cervical Inflammation Erosion	29	8.79
Cervical Dysplasia	0	0
Cervical Malignancy	1	0.3
Prolapse	58	17.58
{ prolapse+dub }	8	2.4
{ prolapse+pid... }	8	2.4
Any combined condition		
<b>Associated illness diagnosed at time of surgery and follow up</b>		
Diabetes	22	6.67
Asthma	7	2.12
Hypertension	90	27.27
Hypertension and IHD	14	7.27
Single absence of kidney	1	0.3
Tuberculosis	0	0
no illness found during or at f/u	256	77.58
<b>Complications :At time of surgery and postoperative</b>		
Intraoperative..... {required blood for hemorrhage or blood transfusions in absence of anemia	1	0.3
Anesthetic complications	3	0.9
Post procedural genitourinary complications	1	0.3
Postoperative infection	31	9.39
UTI	30	9
Post procedural gastrointestinal disorder(paralytic ileus,	2	0.6

loose motions)		
Post procedural circulatory complications	1	0.3
Post procedural respiratory complications	15	4.55
Disruption of operative wound	9	2.73
Other complications		
No Complication	228	69.09

**Table 4: Participants response & Postoperative complications.**

<b>Are subjects Benefited after surgery</b>		
Useful & beneficial for six month only	21	6.36
Useful & beneficial for two years...	15	4.55
Useful & beneficial for more than 2 years	292	88.48
Not benefited	7	2.12
<b>Effect on regular work of subjects if any</b>		
Yes	37	11.21
No	293	88.79
<b>Effect on regular work of participant subjects</b>		
Less than 6 months	293	88.79
Up to 2 years	22	6.67
More than 2 year	14	4.24
Permanent disability	1	0.3
We have taken all females whose age is less than 40yrs and underwent hysterectomy		
<b>Postmenopausal symptoms arrival</b>		
Less than 6 months	16	9.09
Up to 2 years	14	8.48
More than 2 year	24	14.55
No symptoms	118	67.87
<b>Postmenopausal symptoms</b>	53	30.9
With symptoms		
Hot flushes	4	2.4
Hf+palp+s/o osteoporosis	4	2.4
Hf+s/o osteoporosis + urinary discomfort	4	2.4
Hf+palp+lack of concentration,	8	4.8
lack of concentration, s/o osteoporosis	4	2.4
palpi+s/o osteoporosis + urinary discomfort +hf	4	2.4
Hf+palpitation+urinary discomfort	4	2.4
s/o osteoporosis	49	27.27
No symptoms	118	67.88
Pt cannot co relate/.....	2	1.2

**Discussion:** The present study was prospective cross sectional observation study which included 330 patients, subject participants who underwent hysterectomy involving majority (70.61%) patients from remote area of Satiaste District from Maharashtra. The study included the data reporting of more than two years, including the follow up done after the surgery.

The study was designed to assess the relationship of hysterectomy with the morbidity outcomes in district of Samara, in remote rural, hilly areas after taking in to account all demographic, social and health related factors.

Out of total 330 patients who underwent hysterectomy for various reasons (as quoted earlier), majority of them i.e., about 74% women have had abdominal hysterectomy. Only 0.3% patient required blood for hemorrhage, 0.9% suffered anesthetic complications. Post procedural gastrointestinal disorders and circulatory complications were reported by very few patients. 4.55% patients suffered post procedural respiratory complications and 2.73% had disruption of operative wound. However, around 69% patients did not suffer any complications at the time of surgery or after the surgery. The questionnaire reveals that the complaints that were reported at the time of surgery were resolved after the surgery and follow up done over a period of more than two years supports it. Thus, the quality of life was certainly improved.

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After analysis on the basis of complaints listed in table 3, pelvic inflammatory disease was noted most commonly in 58.79% patients while prolapse was noted in 17.58% patients. On the basis of analysis of table 4, the most of the patients found benefits from hysterectomy without any effect on regular work after hysterectomy in 88.79% patients. Postmenopausal symptoms were not found in more than 65% patients. Diagnosis like fallopian tube carcinoma conditions, which is very difficult to diagnose preoperatively may possible to correct without any evident mainly in rural population.<sup>4</sup>

**Conclusion:** The present study produces as interim data in association of hysterectomy & to help the practitioners, policy makers & researchers. However more data should be collected in systemic manner & analyze more appropriately from rural population in India & developing countries.

We are currently working furthermore on current aspects & to validating concern association of Hysterectomy & morbidity or associated complications etc.

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