CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.2027573

Available online at: http://www.iajps.com ***Research Article***

A CLINICAL AUDIT TO EXTRACT BETTER FINDINGS FOR IMPROVEMENT OF STANDARD PATIENT CARE FACILITIES THROUGH AN ANALYSIS OF ABDOMINAL, LAPAROSCOPIC AND VAGINAL HYSTERECTOMIES

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Abstract

Objective: *In Pakistan, the important gynaecological method being carried out is hysterectomy. The study was conducted in order to check the criteria of hysterectomy. The aim of the study was to obtain better results and to make the standard of patients care better.*

Methods: *The study was conducted in Allied Hospital, Faisalabad from February to December 2017. The study was examined on a clinical basis. Those patients were selected for the study who encounter hysterectomy for benign gynaecological situations.*

Results: *Total patients selected for this study were 114. The percentage of patients of patients having an abdominal hysterectomy, laparoscopic hysterectomies and vaginal hysterectomies were 83.33%,2.63%and 14.04% respectively. For vaginal hysterectomy, the usual mark of detection was genital prolapse. Whereas, the usual mark of detection of abdominal hysterectomies was genital prolapse. Whereas the usual mark of detection of abdominal hysterectomies was uterine fibroids. As compared to abdominal hysterectomy and laparoscopic hysterectomy the possibilities of difficulties for vaginal hysterectomy was less.*

Conclusion: *The study concluded that along with serious guidance, imaginal access should be taken as the first option for Atreus that is not less than 12week in size.*

Keywords: *Abdominal Hysterectomy, Vaginal Hysterectomy, Laparoscopic Hysterectomy.*

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Please cite this article in press Shahzina Nayyab et al., ***A Clinical Audit To Extract Better Findings For Improvement Of Standard Patient Care Facilities Through An Analysis Of Abdominal, Laparoscopic And Vaginal Hysterectomies.,*** *Indo Am. J. P. Sci, 2018; 05(12).*

INTRODUCTION:

All around the world, the most usually gynaecological method is hysterectomy. After caesarean section, the most commonly performed gynaecological method is a hysterectomy. In united states, about 60000 hysterectomies are carried out on yearly basis [1]. Hysterectomy was experienced by 20 million ladies of us according to an assessment [2 – 3]. In England, hysterectomies are being carried out are more than 40000 [4]. In Pakistan, hysterectomies are very common. There are three different types of hysterectomies. These include laparoscopic hysterectomies (LH), abdominal hysterectomy and vaginal hysterectomy. these include laparoscopic (AH) hysterectomy (LH), abdominal hysterectomy and vaginal hysterectomy (VH). In the United Kingdom, abdominal hysterectomy was more commonly performed [4]. It is despite the fact that there were similar difficulties for all the types of hysterectomy. The assessment was made in order to have superior apprehension of application, diagnosis and obstacles in different types of hysterectomy carried out for the benign gynaecological situation in the hospital.

METHODS:

The study was conducted in Allied Hospital, Faisalabad from February to December 2017. A specific preform a was made and completed by all the patient experiencing hysterectomy. To check complete enrollment, the hysterectomies carried out for proceeding malignancies were deducted from the study. Comprehensive and authentic information was assembled. From hospital documentation, the irregular selection was done for confirmation of entered information, through telephone, information was gathered from a particular patient or surgeon if data was not found. During operation, some information was collected. This information includes blood loss, intra-operative transfusion, difficulties of operation, the activity of prophylactic oophorectomy, the presence of adhesions, uterus size, nature of incision, type of hysterectomy, time of stay in hospital and qualification of the surgeon. Some information was collected before performing the operation. This information includes the level of haemoglobin, medical history, patient demographics and identification of hysterectomy. After performing the operation, difficulties faced during the operation were checked and other important information was gathered for assessment. Information was assessed and by mean of percentage and frequency, data was illustrated. Using satisfied package for social sciences (SPSS), satisfied estimation was done.

RESULTS:

Total patients selected for this study were 114. The mean age for these patients was 44 years. The patients experiencing hysterectomy along with certain other disorders (commonly found are hypertension and diabetes mellitus) were 52%. Whereas, the majority of the patients experiencing abdominal and laparoscopic and vaginal hysterectomy were 83.3% (95), 2.63% (03) and 14.4% (16) respectively.

The mark of detection of various types of hysterectomy is illustrated in the tabular data. For vaginal hysterectomy, the usual mark of detection was genital prolapse. Whereas, the usual mark of detection of abdominal hysterectomy was uterine fibroids. In the patients who experience vaginal or laparoscopic hysterectomy, the size of uterine was smaller as compared to patients experiencing vaginal hysterectomy, the size of uterine was smaller as compared to patients experiencing abdominal hysterectomy. In patients experiencing vaginal hysterectomy, oophorectomy was not carried out simultaneously. As the age increase, the prophylactic procedure was also increasing. The procedure was undertaken in 12.9% patients if women age was 41 to 45 years having abdominal hysterectomy were 46 years of age or more. For the diagnostic or prophylactic purpose, in the age of 50 years, bilateral oophorectomies were experienced by 92.5%. As compare to vaginal hysterectomy, the overall problems were greater for abdominal hysterectomy. The rate of complications is defined as among 100 ladies, the number of ladies with one or more absolute problem. In patients experiment with vaginal hysterectomy, the rough possibility of the problem was less uterus effect complication rate and it is also independent of the method of performing a hysterectomy.

Table – I: Sample Stratification

Patients	Abdominal Hysterectomy	Laparoscopic Hysterectomy	Vaginal Hysterectomy	Total
Number	95	3	16	114
Percentage	83.33	2.63	14.04	100

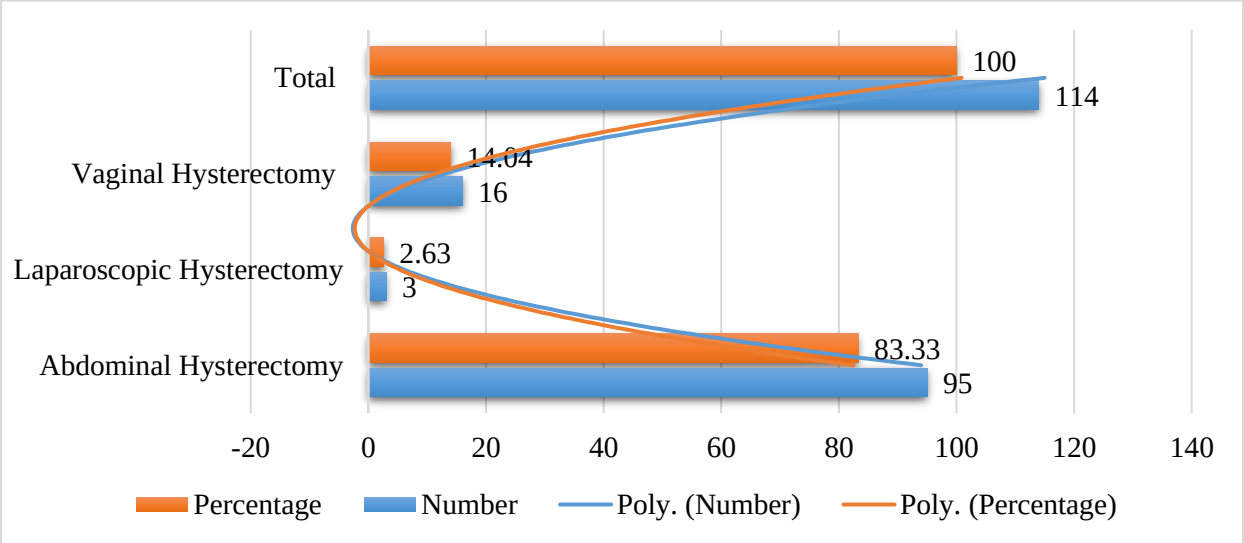
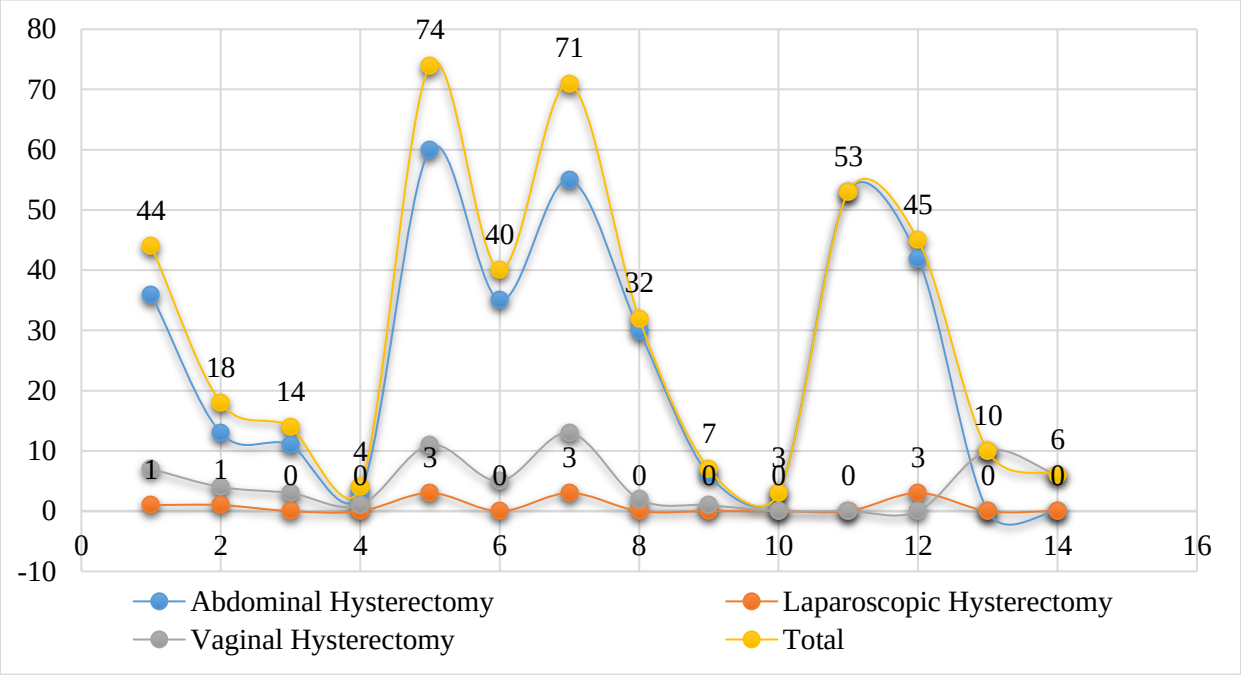


Table – II: Abdominal, Laparoscopic and Vaginal Hysterectomy Outcomes

Outcomes		Abdominal Hysterectomy	Laparoscopic Hysterectomy	Vaginal Hysterectomy	Total
Complications	Anemia (Hb < 10 g/dl)	36	1	7	44
	Fever	13	1	4	18
	Infection	11	0	3	14
	Surrounding Structure Injuries	3	0	1	4
Blood Loss	< 500 ml	60	3	11	74
	> 500 ml	35	0	5	40
Days	< 5 days	55	3	13	71
	< 10 days	30	0	2	32
	< 15 days	6	0	1	7
	> 15 days	3	0	0	3
Indications	Fibroid uterus	53	0	0	53
	DUB	42	3	0	45
	II UV Prolapse	0	0	10	10
	III UV Prolapse	0	0	6	6



DISCUSSION:

In united-kingdom, the patients experiencing vaginal hysterectomy were 30% [4]. While in this study, patients with vaginal hysterectomy ware only 14.4%. the difference between the percentage of our study and that of united-kingdom is very significant.

No infection was observed in a patient with vaginal hysterectomy. But in 12.3% of patients experiencing abdominal hysterectomy, infection was observed. The chances of problems, short time of hospital stay, recovery, fewer charges of the hospital and better results are very low [5 – 11]. Many research studies illustrated this fact. In our study, although patients were having other disorders like diabetes mellitus, hypertension etc. the chances of an obstacle in vaginal hysterectomy were less. For vaginal hysterectomy, the only mark for detection was a genital prolapse. Whereas, fibroids are used for detection n of most abdominal hysterectomy. Both situations are different.

A research study which estimated guidance for assessment of procedure of hypertrectomy illustrated the ratio of abdominal hysterectomy to vaginal hysterectomy to vaginal hysterectomy method is decreased from 31st to (1:11) due to the execution of operation guidance [12]. About 46 patients could have a vaginal hysterectomy in our study if their patients experienced vaginal hysterectomy who were without any other ambulatory disorder and size of the uterus was 12 weeks or less. The results shown by vaginal hysterectomy were better as compared to abdominal hysterectomy. It is illustrated by the integral review that vaginal hysterectomy should be favoured where possible [13]. Second, to vaginal hysterectomy, hysterectomy is preferred over abdominal hysterectomy. Laparoscopic hysterectomy offers disadvantage of more injuries in the urinary tract and long duration of operation. Less drop in haemoglobin. Less drop in haemoglobin. Quick recovery, less loss of blood during operation and fewer injuries are some advantages of laparoscopic hysterectomy as compare to abdominal hysterectomy while considering the advantage and disadvantage of laparoscopic hysterectomy and after discussing then with the surgeon, the patient should himself choose hysterectomy [14]. In our examination, all of the vaginal and abdominal hysterectomies were evaluated which were carried out by our trainees. In the value national hysterectomy, the analysis was made for 34% of the hysterectomies. These hysterectomies were assigned to non-consultants. For hysterectomies were assigned to non-consultants. A detailed study has been conducted to check the activity of antibiotic prophylaxis. Now for all types of hysterectomies, antibiotic prophylaxis is considered in national guidelines [15]. In our study, all patients received antibiotic prophylaxis.

CONCLUSION:

As compare to abdominal and laparoscopic hysterectomy, vaginal hysterectomy offers less chance of problems. As mentioned in international

documents and in literature, the possibility of main visceral injury was some (6). For better performance of vaginal hysterectomy, there is a need for more guidance. In spite of receiving routine medication, the issue is created by infections disorder without considering which type of hysterectomy is being carried. There is a need to improve the performance of surgeon by more training proportion of patients taking DVT prophylaxis and selection of the type of hysterectomy.

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