CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.2612185

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

AN ASSESSMENT OF EXTENT AND ASSOCIATED FACTORS OF OBSTETRIC HYSTERECTOMY AND ITS ASSOCIATION WITH MORTALITY AND MORBIDITY

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Abstract:

Background: *In the developing nations, a substantial number of pregnancies are subjected to complexities due to obstetrical hysterectomy. It is the main indicator of obstetric morbidity.*

Objective: *The study was conducted to examine the extent and associated factors of obstetric hysterectomy and morbidity and death rate associated with it.*

Patients and Methods: *This research was carried out at Mayo Hospital, Lahore from February to July 2018. All the patients selected for this research experienced obstetrical hysterectomy. A Performa was designed for the collection of information. SPSS was used for data entry and assessment.*

Results: *Total deliveries conducted in the study were 6,541. Both vaginal and through cesarean section were performed for carrying out deliveries. Obstetrical hysterectomy was experienced by 19 (0.29%) cases of these, atonic uterus, septic RPOCs, morbid attachment of placenta and uterine inversion were the causes found in 42%, 10%, 21% and 5% cases respectively. Bladder trauma, recurrent Laparotomy, fever, wound infection, DIC and mortality were complexities found in 21%, 15.8%, 21%, 21%, 15.8% and 5% cases respectively. All the patients were not reserved.*

Conclusion: *In our region, the comparatively high occurrence of obstetric hysterectomy was observed. The reason for this fact is that the majority of the cases belong to Punjab, rural Sindh and Baluchistan. Insufficient maternity, family planning services, unreserved status and high parity are some factors that were neglected in these patients.*

Keywords: *Obstetrics, Vaginal Delivery, Caesarian Section, Hysterectomy, Maternity and Parity.*

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Please cite this article in press M. Kashif Ul Ehsan et al., ***An Assessment of Extent and Associated Factors of Obstetric Hysterectomy and Its Association with Mortality and Morbidity.,*** *Indo Am. J. P. Sci, 2019; 06(03).*

INTRODUCTION:

In the developing nations, a substantial number of pregnancies are subjected to complexities due to obstetrical hysterectomy. It is the main indicator of obstetric morbidity. For established haemorrhage, the method employed in urgent conditions is a peripartum hysterectomy. It illustrated when bleeding is not managed by techniques [1]. Damaged uterus, uterine atony and abnormally attached placenta are usual symptoms of urgent obstetrical hysterectomy. Serious loss of blood, preoperative and postoperative morbidity and long-term mortality are the factors associated with it. If the fertility of patient is lost, it creates a very distressing situation. According to the results of current studies, the common symptoms even in young females is attached placenta on previous scar [2]. As compared to developing countries, its occurrence rate is high in developing nations including Pakistan. The factors responsible for high occurrence are people are not aware of family planning and unavailability of healthcare facilities in rural areas [1]. In order to examine the extent and associated factors of obstetric hysterectomy and morbidity and death rate associated with it.

PATIENTS AND METHODS:

This research was carried out at Mayo Hospital, Lahore from February to July 2018. All the patients selected for this research experienced obstetrical hysterectomy. A Performa was designed for the collection of information. This Performa was designed for the collection of information regarding demographic aspects, symptoms, complexities and associated factors. SPSS was used for data entry and assessment.

RESULTS:

Total deliveries conducted in the study were 6,541. Both vaginal and through cesarean section were performed for carrying out deliveries. Obstetrical hysterectomy was experienced by 19 (0.29%) cases of these, atonic uterus, septic RPOCs, morbid attachment of placenta and uterine inversion were the causes found in 42%, 10%, 21% and 5% cases respectively. Bladder trauma, recurrent Laparotomy, fever, wound infection, DIC and mortality were complexities found in 21%, 15.8%, 21%, 21%, 15.8% and 5% cases respectively. All the patients were not reserved. Detailed outcomes of indications, symptoms, complications, age distribution and parity status are given in the tabular data. All the patients were not reserved. 5.26% of patients were subjected to death.

Table – I: Distribution of Age

Age	Number	Percentage
20 – 25 Years	2	10.52
26 – 30 Years	10	52.6
31 – 35 Years	6	31.57
36 – 40 Years	1	5.6

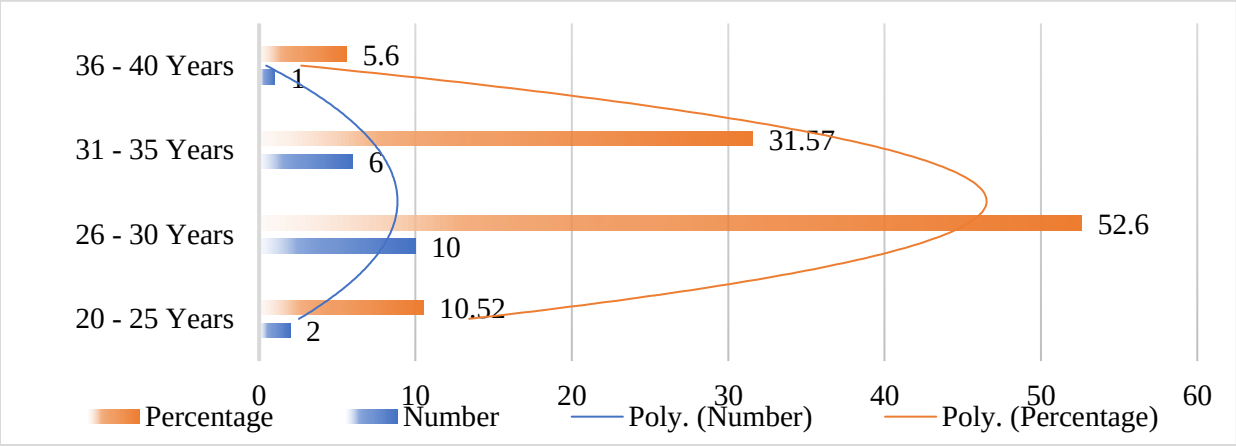


Table – II: Parity Status

Parity	Percentage
Primipara	5
Multipara	53
Grand Multipara	42

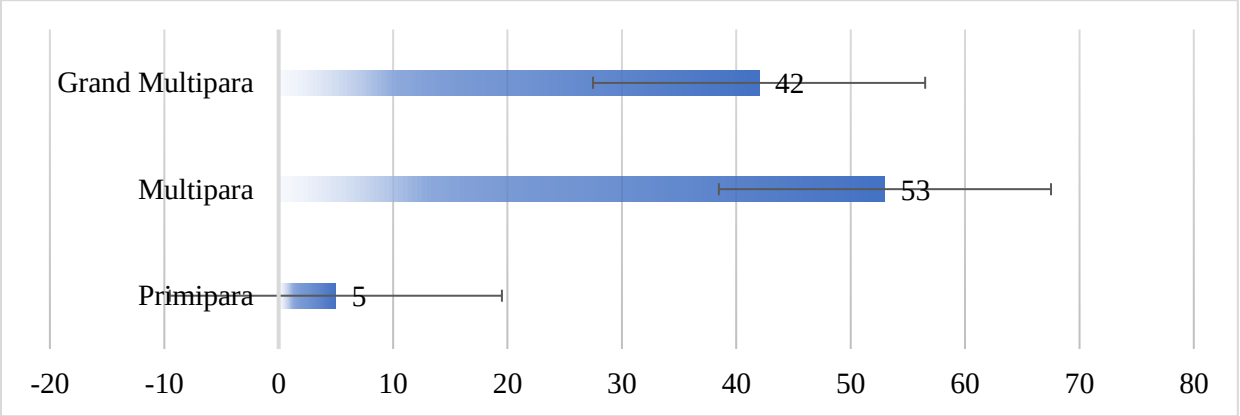
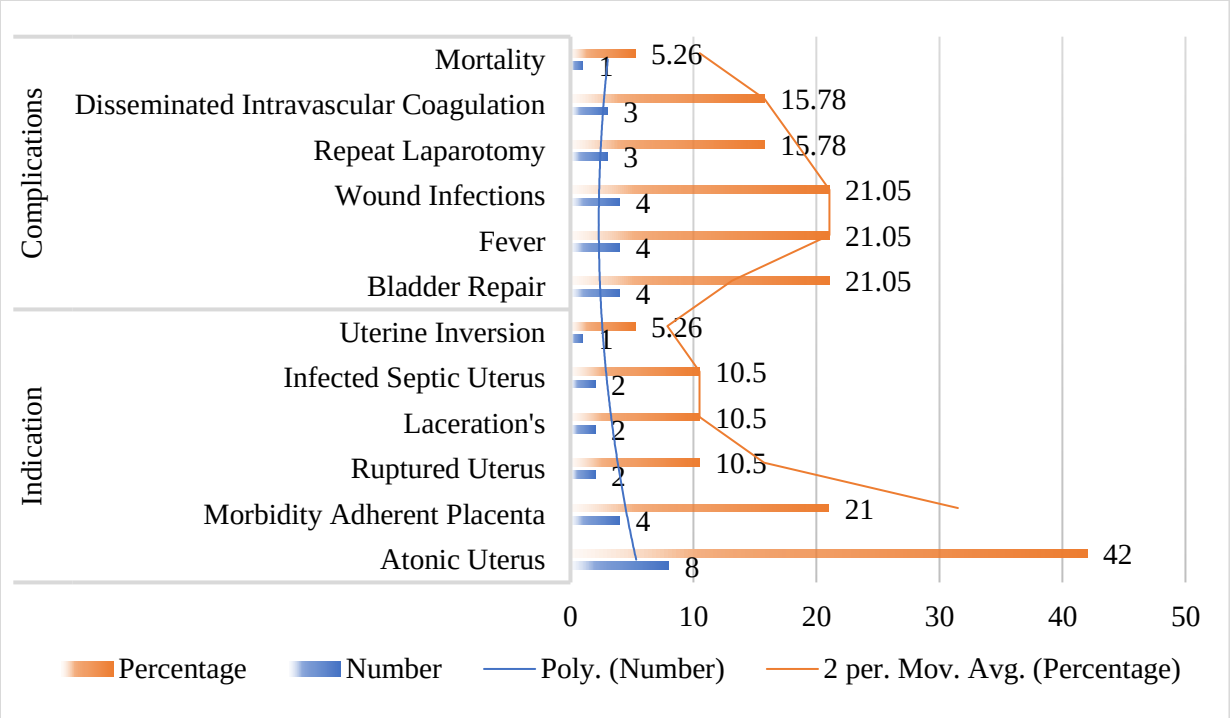


Table – III: Indications and Complications

Indications/ Complications		Number	Percentage
Indication	Atonic Uterus	8	42
	Morbidity 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
Complications	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



DISCUSSION:

For obstetrical haemorrhage, the method employed in urgent conditions is an obstetrical hysterectomy. When all other techniques could not save the uterus, this method is employed so that the life of female can be saved. Our study includes a wide area of Punjab, Southern Punjab and Sindh. So, as compare to other national and international studies, the chances of this condition are higher in this study. In the current study, 0.29% was the occurrence of urgent hysterectomy. Patients presenting in the hospital are commonly in critical situation and untrained personnel carry out most of the deliveries. This is due to the low standard of living of these patients. Similar to the results of a study conducted in India [3], multipara group and grand multipara group were 94% in our study. The age of most of the subjects was between 20 – 30 years. Avoidance of contraception and the concept of early marriages were the associated factors. Atonic uterus, morbidity attached placenta and uterine rupture were some of the common signs for urgent hysterectomy observed in 42%, 21% and 10.54% cases respectively. Morbidity attached placenta was the reason for hysterectomy in 21% cases. These results are similar to the other studies of this country [4 – 7]. Increase in the occurrence of operative deliveries is associated with abnormal placentation. Unlike the results of other studies of Pakistan, maternal mortality was only 5.26% which is low [2, 7, 8]. Urinary bladder injury wound infection and fever were most of the observed complexities. Infrequently observed complexities were DIC and regular laparotomy due to haemorrhage. As compare to other studies, these results are similar [9 – 11]. If these cases will be presented in time and managed by well-trained, punctual and efficient staff, these complexities can be avoided.

CONCLUSION:

In our research study, the occurrence and death rate due to urgent and life-saving method, obstetrical hysterectomy was low but with high morbidity. By managing the neglected factors such as insufficient maternity, family planning services, unreserved status and high parity and by enhancing healthcare services in rural areas, its occurrence can be decreased.

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