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OUTCOMES OF VAGINAL HYSTERECTOMY AS 24 HOURS SHORT STAY SURGERY

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Abstract:

Objective: *Understanding the patient's vitality, acceptability and satisfaction with vaginal hysterectomy performed during 24-hour hospitalization.*

Place and Duration: *In the Obstetrics and Gynecology department of Lady Willingdon Hospital, Lahore for one year duration from January 2019 to January 2020.*

Methodology: *This is a descriptive observational study involving women with vaginal prolapse who are not obese but have adequate support at home and have access to a telephone. Patients with uncontrolled co-morbid conditions such as hypertension, diabetes, obstructive pulmonary disease, etc. Patients who had to be observed were excluded from the study in women with appendix pathology that had to be removed from the vagina. All parameters of postoperative recovery and patient satisfaction were noted, developed and presented.*

Results: *Of the 57 candidates eligible for vaginal hysterectomy, only 20 agreed to participate in the study from 24-hour hospitalization, and one refused to go after surgery because of vomiting. None of the 19 patients returned before the first follow-up visit, which was the ninth day after surgery. Three of them (15%) complained of aggressive vaginal secretions, in 1 (0.2) the woman suffered bleeding after returning home, but this was checked by phone instructions. Four (20%) patients who initially agreed to stay for 24 hours did not discharge. Seventeen (85%) patients were dissatisfied with the great concern for postoperative home care and the financial burden associated with visiting the outpatient clinic before admission.*

Conclusion: *Vaginal hysterectomy can be safely performed as a short hospitalization operation, but the lack of infrastructure and knowledge of the main provider and community makes it less acceptable, less satisfying and expensive. at the end of the buyer.*

Keywords: *Short-term surgery, vaginal hysterectomy and uterine prolapse.*

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INTRODUCTION:

Vaginal prolapse is a common presentation among women who come to the hospital. The lack of qualified midwives at delivery is an important factor contributing to the formation of many relationships. Pelvic organ prolapse has a rather negative impact on the woman's quality of life, between ordinary discomfort, mental and sexual ailments, work, and social disability [1-2]. Many of these patients in our organization seek medical help at the end of their lives, when they overcome complications in the form of infections, menstrual irregularities and urinary problems. Young women often come because of fertility problems and menstrual problems. Vaginal hysterectomy is an option for perimenopausal women with chronic disease and without fertility problems [3-4]. Often, these patients are denied admission to hospital due to the insufficient number of hospital beds and the more severe conditions listed. In the case of surgery, hospital stays between 3 and 6 days [5]. Transforming this major surgery into an everyday inbox is an attractive solution that will help the population in intensive education hospitals. The Royal College of Surgeons of England describes the daily surgical case as "a patient who was admitted as a non-resident or is required for recovery and still requires recovery" (British College of Surgeons (1992). Guidelines for daily surgery case according to London: HMSO. A patient who should stay overnight will undergo short hospitalization rather than daily hospitalization, but still has the advantage over long-term hospitalization [6-7]. Royal College has developed research documents and protocols for day care, short stays and surgical patients, but local guidelines need to be developed. As the world is moving towards robotics and tele-surgery, it's time to discover the feasibility of transforming large operations into short or daily operations. This provides treatment to specialists and consultants depending on the needs of a particular healthcare system, as well as the maximum number of patients in the presence of a limited number of hospital beds [8-9]. Changing the relevant procedures for short stays justifies the need for more options for patients, and this can improve patient access by reducing the number of days spent in bed. Given these points of view, we presented this document in which the results of vaginal hysterectomy performed for a short time are presented.

METHODOLOGY:

This is a prospective observational study held at Obstetrics and Gynecology Gynecology department of Lady Willingdon Hospital Lahore for one year duration from January 2019 to January 2020. A total of 107 patients with uterine and vaginal prolapse were observed, and 89 patients were offered vaginal hysterectomy at the clinic. In our ward, we see an average of three patients with uterine and vaginal prolapse and we have two similar clinics per week. Only 107 women arrived by default 144 during the work period. All were evaluated by the author to determine their suitability for short-term surgery after meeting an anesthesiologist. Non-obese patients with adequate home support and telephone access were included. In any emergency, this patient could reach the facility within 10-15 minutes. Emergency symptoms were explained to family members and included bleeding, bloating, vomiting and severe pain. Patients with uncontrolled co-morbidities such as hypertension, diabetes, obstructive pulmonary disease, etc. Only 57 criteria were met and vaginal hysterectomy was recommended as a 24-hour short-term operation. The entire preoperative evaluation was conducted and women were advised to arrive early in the morning for a scheduled surgery. These women were advised not to take anything orally after 12 midnight, take glycerin suppositories at night, and empty the intestines before arriving at the hospital. All laboratory tests were performed and confirmed, and a blood group was reported to the family to bring a healthy donor on the day of surgery. In all cases, a blood unit is arranged. The author himself performed all the procedures. If necessary, standard surgical technique was performed, including vaginal hysterectomy with anterior and posterior repair. Curved clamps have been applied to all pedicures. Each peduncle was transfected using Vicryl ™ number one (Ethicon, Edinburgh, UK). Postoperative pain in women were treated with regular 12-hour diclofenac sodium injection and Nelbuin injection. During surgery, prophylactic perioperative antibiotics were administered with metronidazole infusion. 20 women were asked for postoperative pain 1, 6 and 24 hours after surgery. After 6 hours after hearing the intestinal tone, all women were admitted orally, and if they hospitalized after 8 hours, the attending physician removed the urinary catheter and packaging, and the doctor was instructed to document it. All women were evaluated by the authors 24 hours after surgery to decide if they qualify for discharge from home. Women were discharged three times 200 mg ibubrupen for 1 week and 5 days with oral quinolone and metronidazole. All women were sent home with the contact telephone number of the doctor on duty, along with written information on the discharge and special advice.

RESULTS:

A total of 57 women were offered, and only 20 (35.1%) agreed for a short time after giving advice.

The mean age of the patients was 53 ± (35-70) years, and the average parity was 6 (0-9), 85% (17) were in menopause, and 3 (15%) women requiring maintenance were coexisting. All women underwent spinal anesthesia. The average surgery time was 50 ± 10 minutes and the average blood loss was 45 ml. One patient (5%) refused discharge due to excessive vomiting. None of the remaining 19 patients returned before the first follow-up visit, which was the ninth day after surgery. Three (15%) aggressors complained of vaginal discharge, 1 (5%) woman suffered severe bleeding after returning home, but this was checked by phone instructions. Four (20%) patients who initially agreed to stay for 24 hours were dissatisfied with what they thought was unsuitable for discharge from the hospital. Seventeen (85%) patients were dissatisfied with the great care and doubt about postoperative home care.

TABLE I: PATIENTS CHARECTERSTICS (n=20)

Patients Characteristics	No. of patient
Mean age	53 years
Mean parity	6
Distance from hospital>6hr	2
Mean operative time	50
Mean blood loss	450ml
Return to theater	0
Refuse for discharge within 24 hr	1(5%)
Post-operative bleeding	1(5%)
Post-operative infection	3(15%)
Post-operative retention of urine	0
Post-operative vomiting	1(5%)
Post-operative severe pain	0
Post-operative headache	1(5%)

TABLE II: REASONS FOR DISSATISFACTION WITH DAY SURGERY (n=19)

Reasons	Number
Not fit for discharge	4(20 %)
Postoperative complications	2(10%)
Apprehension regarding post-operative care outside hospital	17(85%)

DISCUSSION:

Vaginal hysterectomy is the most frequently recommended surgery for uterine prolapse. Surgeons successfully transformed abdominal hysterectomy into vaginal hysterectomy using a laparoscope (LAVH) due to the safety of vaginal defeat, even in patients without prolapse. Traditionally, older women with vaginal prolapse are admitted to the ward a few days before surgery to improve their health and make vaginal packaging for 5 days, ulcers and after surgery. In this prospective study, we observed the patient's feasibility, acceptability and satisfaction during hospital stays due to vaginal hysterectomy [8-9]. The frequency of complications after surgery, the need for painkillers and bed occupation favored this type of surgical care, as in other studies. There is no awareness that a short hospital stay is an indicator of quality in the community, and many training hospitals in the country do not have day surgery departments with separate trained personnel [10-11]. These women had to visit more outpatient clinics until all pre-operative preparations were complete, such as anesthesia, physical condition, physician reviews for comorbidities, vaginal preparations for treating ulcers and removing local infections, and swab smear collection. Almost all comparative studies confirmed vaginal hysterectomy to reduce the number of complications and shorter stays, but none of them made multiple polyclinic visits to patient satisfaction and calculations. Daily operations have been extended and extended, especially in developed countries, many operations can be safely performed as daily

operations. In many large institutions, over 50% of all operations can be performed daily, resulting in significant savings on bed and management costs. Eighty-five percent of our women and 85% came from outside the city [12-13]. During each visit they had to spend a lot of money, and many lived with local relatives to avoid traveling from home. Therefore, from the patient's point of view, daily case surgery was not profitable and dissatisfied with being among emergency care providers. Studies have suggested that outpatient care should be charged and patients should take all medications. Many discharged patients remained in private instead of relatives or returning home. After surgery, under normal circumstances, these patients use public transport, but travel with previous exemptions in rented taxis or ambulances. Therefore, the cost of the operation decreased along with the greater financial burden [14]. This can be the reason for a large difference in the level of satisfaction among the western population, where patients achieve 95% satisfaction after daily operations [15].

CONCLUSION:

In Pakistan, economic evaluation is particularly important for patients, because patients are mostly poor and their resources are limited. Therefore, vaginal hysterectomy can be safely performed as a short hospitalization operation, but the lack of infrastructure and awareness of the main provider and community is less acceptable, less satisfying and expensive on the receiving side.

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