



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1467407>Available online at: <http://www.iajps.com>

Research Article

**INDICATIONS OF HYSTRECTOMY AND PATTERNS OF
MORBIDITY IN POST HYSTERECTOMY CASES**

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Abstract:

Background: Hysterectomy is one of the major gynaecological surgeries in the world. The purpose of the study is to assess the indications of hysterectomy and incidence of different patterns of morbidity in post hysterectomy patients through the use of questionnaire.

Objective: To determine the indications of hysterectomy and incidence of different patterns of morbidity in post hysterectomy cases and association of hysterectomy with age and parity of women.

Material and Methods: Study Design: Cross sectional research design.

Study Setting and duration: 3 months study duration at Allama Iqbal Medical College/ Jinnah Hospital Lahore.

Inclusion criteria: Females reporting the history of hysterectomy were recruited from gynaecology ward and gynae OPD of Jinnah Hospital, Lahore.

Data Collection and analysis: Data was analysed using "The statistical package for social sciences"(SPSS) version 19, frequency, percentage, mean and standard deviation were calculated accordingly.

Results: Result showed that indication of hysterectomy was 34% uterine fibroids, 49% abnormal vaginal bleeding, 5% malignancy of uterus and 2% others and procedure of hysterectomy was 53% abdominal surgery, 40% vaginal, 7% laparoscopic assisted hysterectomy. Weight reduction and bone weakness were most common morbidities in post hysterectomy cases, 48.2% and 43.5% respectively.

Conclusions: Majority of patients were of age above 40 years and abnormal vaginal bleeding as their main indication of hysterectomy. Majority of patients had less post hysterectomy complications.

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Please cite this article in press Amna Shaheen et al., *Indications of Hystrectomy and Patterns of Morbidity in Post Hystrectomy Cases.*, Indo Am. J. P. Sci, 2018; 05(10).

INTRODUCTION:

Different patterns of morbidity in post hysterectomy cases include surgical and post surgical complications. Surgical complications are infection, hemorrhage during or following surgery and/or damage to internal organs such as the urinary tract or bowel. Post surgical complications are increase risk of heart attack, and chances of experiencing an earlier menopause. Hysterectomy has also been associated with urinary problems, such as increased frequency of urination, incontinence, fistula, and urinary tract infections; sexual function problems, such as decrease in sexual sensations and lack of lubrication; depression or psychological stress; hormone deficiencies, which may be caused by removal of the ovaries, or a decrease in blood supply to the ovaries [1].

Morbidity is the prevalence of a disease in a particular percentage of the population; the number of cases of a particular disease per unit of population [2].

Hysterectomy is the complete removal of uterus [3]. may involve the additional removal of the cervix (base of the uterus), fallopian tubes (salpingectomy), and ovaries (oophorectomy) [4].

A woman may have a hysterectomy for different reasons, including uterine fibroids, bleeding, uterine prolapse, cancer of the uterus, cervix, or ovaries and endometriosis.⁵

Hysterectomy may be total , when both the body of uterus and the cervix are removed, or subtotal when cervix is conserved [6].

Abdominal hysterectomy, vaginal hysterectomy and laparoscope-assisted vaginal and laparoscopic assisted abdominal hysterectomy are different procedures to perform this surgery [6].

Rate of hysterectomy is increasing rapidly and thus the morbidity is. Approximately 300 out of every 100,000 women will undergo a hysterectomy⁷. The United States has the highest rate of hysterectomy in the industrialized world, according to the Centers for Disease Control and Prevention¹. Ahmed & Wasti (2001) conducted a research to study the prevalence of post-operative infections after total abdominal hysterectomy in Karachi, Pakistan. Result showed that the post-operative infection rate was 22%. 6% (49) patients developed operative site infections including wound and vaginal cuff infections and pelvic abscesses while 16% (133) developed non-operative site infections including urinary tract

infections and thrombophlebitis.⁸

OBJECTIVES:

The objective of this study is to determine indications of hystrectomy and the incidence of different patterns of morbidity in post hysterectomy cases and association of hysterectomy with age and parity of women.

OPERATIONAL DEFINITION:

Hysterectomy is the complete removal of uterus. may involve the additional removal of the cervix (base of the uterus), fallopian tubes (salpingectomy), and ovaries (oophorectomy). A woman may have a hysterectomy for different reasons, including uterine fibroids, bleeding, uterine prolapse, cancer of the uterus, cervix, or ovaries and endometriosis.

MATERIAL AND METHODS:

STUDY DESIGN: Cross sectional study

DURATION OF STUDY: Three months

SAMPLE SIZE: 100

SAMPLING TECHNIQUE: Non probability / purposive sampling

SAMPLE SELECTION:

Inclusion criteria:

- Females reporting the history of hysterectomy were recruited from gynaecology ward and gynae OPD of Jinnah Hospital, Lahore. Participant willing to provide a written consent and who were able to read and write national language were recruited.

Exclusion criteria:

- Female suffering from any severs illnesses, those currently on any medication for a psychiatric or severe medical illness e.g. cancer, liver failure etc and were excluded in this study.

DATA COLLECTION PROCEDURE:

To initiate the study an authority letter signed by the supervisor was taken to collect the data. Permission was sought from the authorities of Jinnah Hospital, Lahore.

A sample of 100 females was recruited from Jinnah hospital, Lahore. The procedure was explained to the study participants. Written informed consent was taken from the study participants and nature and purpose of the study was also explained to the participants. The participants were assured that the information obtained from them will be confidential and not be used for any other purpose. Participants were informed that they were free to leave the study any time if they wish so without any prejudice or penalty. Approximately 20 minutes were spent to

complete a questionnaire.

DATA ANALYSIS PROCEDURE:

The data thus collected was analyzed with the help of SPSS (version 17).

Demographic characteristics were summarized by calculating means and standard deviation for continuous variables, such as age.

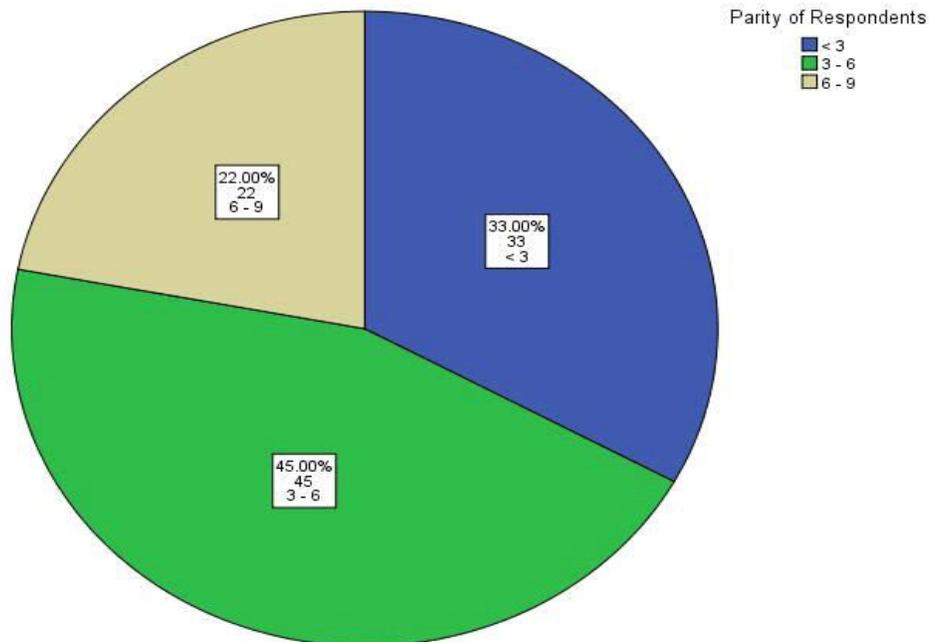
RESULTS AND MAIN FINDINGS:

Table no: 1 Statistics

		Age of Respondents	Parity of Respondents
N	Valid	100	100
	Missing	0	0
Mean		44.8500	4.5900
Median		45.0000	4.0000
Mode		50.00	4.00
Std. Deviation		9.57730	2.49482
Minimum		19.00	.00
Maximum		66.00	9.00

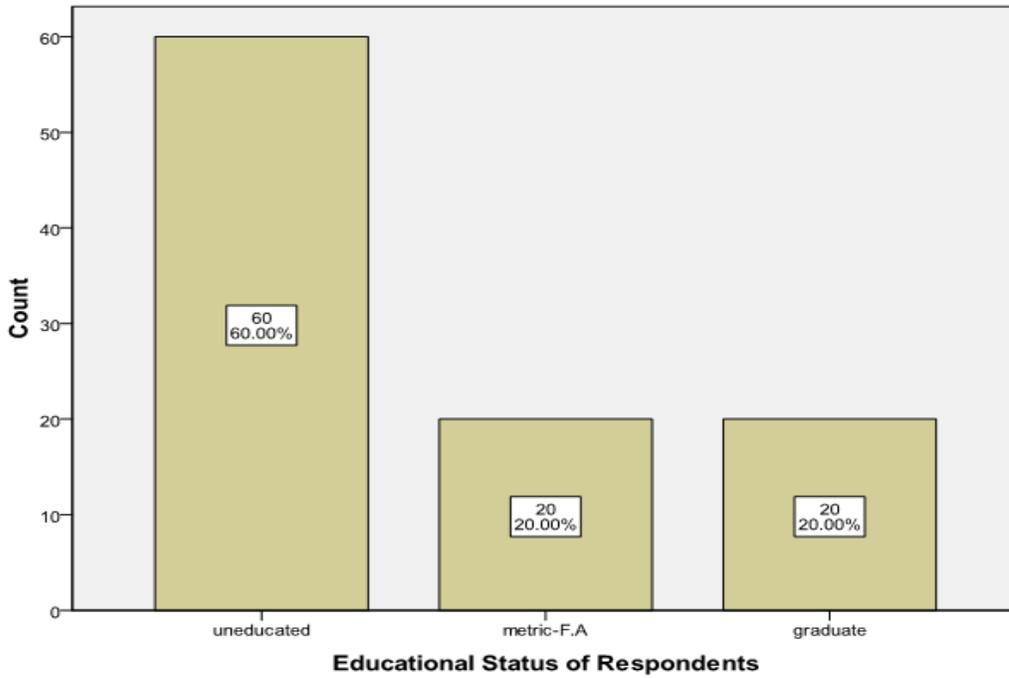
Table no:2 Age of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	19 - 40 years	32	32.0	32.0	32.0
	41 - 60 years	64	64.0	64.0	96.0
	> 61 years	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

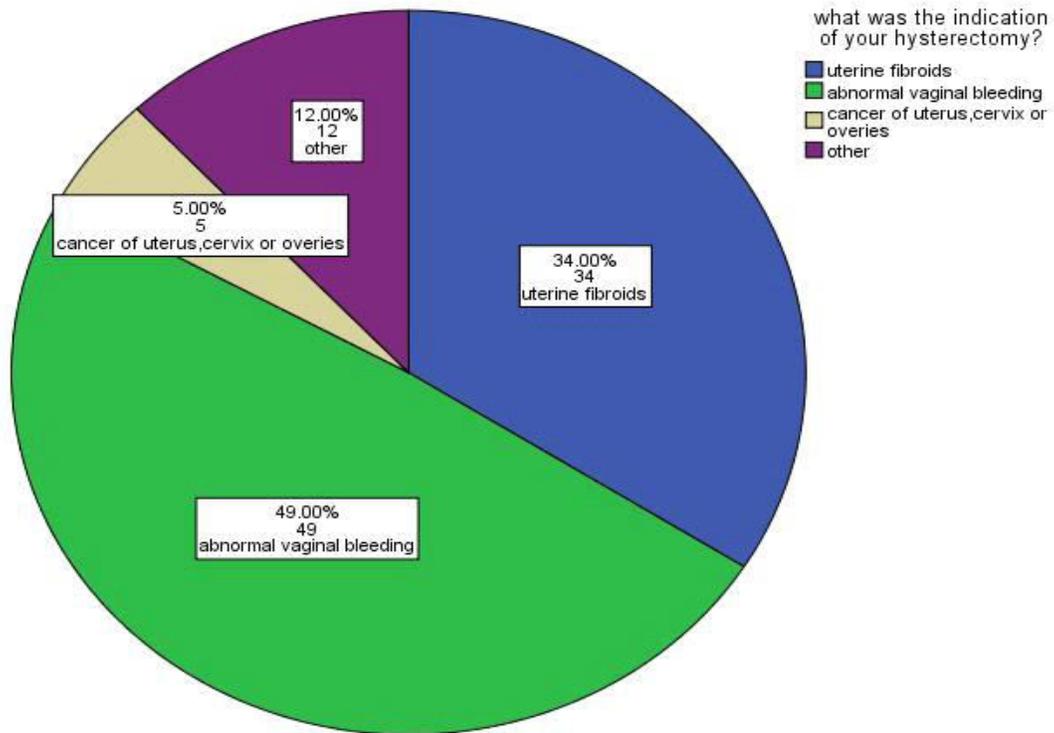


Graph no: 1
Parity of Respondents.

Graph no 2: Education status of respondents



Graph no: 3 Indication of hysterectomy



Graph no :4 Procedure of hysterectomy

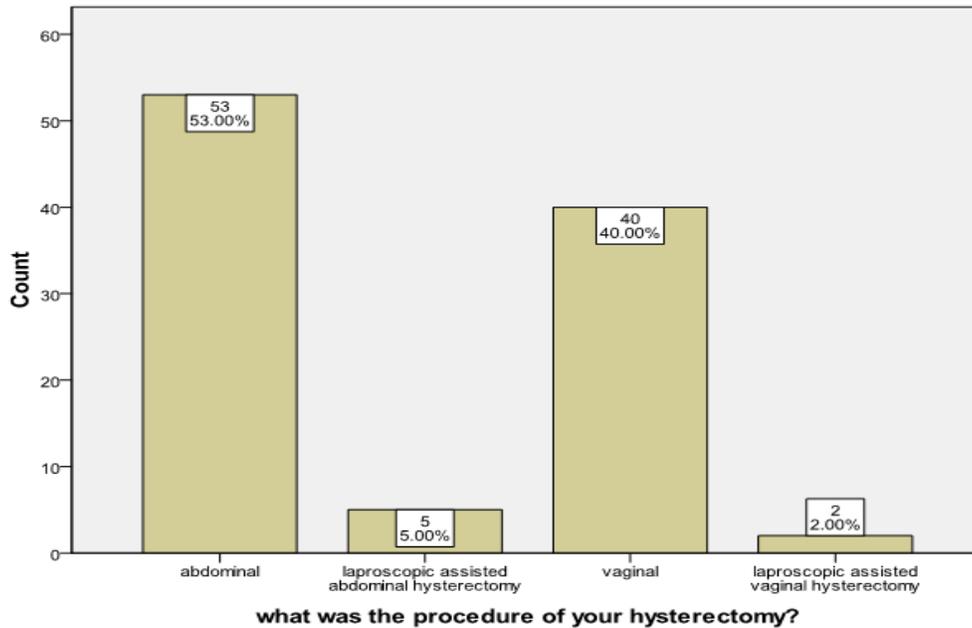
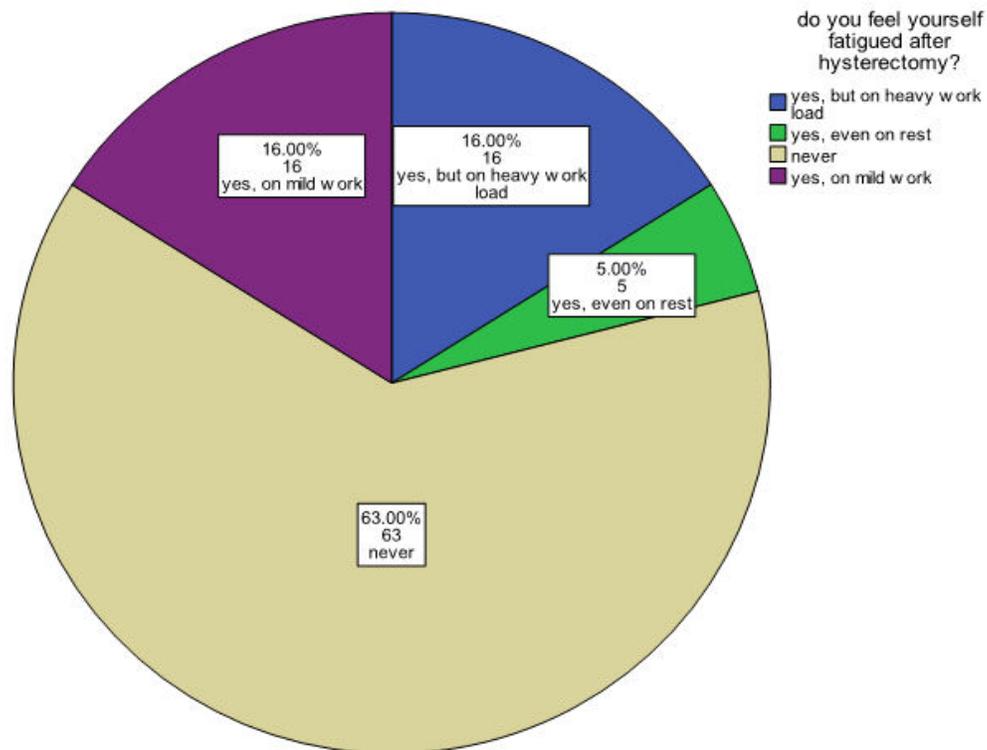


Table : 3 Symptoms after Hysterectomy Frequencies

	Responses	Percent of Cases	
		N	Percent
was your hysterectomy associated with intraoperative hemorrhage or blood transfusion?	31	11.9%	36.5%
do you suffer from post surgical infection of your wound?	35	13.4%	41.2%
do you face any type of urinary problems like UTI or urinary incontinence after hysterectomy?	31	11.9%	36.5%
do you feel any alteration in your bowel habits after hysterectomy?	23	8.8%	27.1%
do you face any cardiac problem after hysterectomy?	17	6.5%	20.0%
do you feel any sort of bone weakness after hysterectomy?	37	14.2%	43.5%
do you feel any alteration in your sleep habits after hysterectomy?	30	11.5%	35.3%
do you feel any reduction in your weight after hysterectomy?	41	15.7%	48.2%
do you feel yourself fatigued after hysterectomy?	16	6.1%	18.8%
Total	261	100.0%	307.1%

Graph no :5 Fatigued after hysterectomy

**RESULTS:**

Total of 200 subjects contacted, 100 participated and 100 didn't participate. Table 1 comprises the statistics (age of respondents and parity of respondents). According to age, mean, mode, median and standard deviation is 44.85, 50, 45, and 9.57 respectively. Maximum and minimum age is 19 and 66 years respectively. According to parity of respondents mean, mode, median and standard deviation are 4.59, 4, 4, and 2.49 respectively. Maximum and minimum values are 0 and 9.

INDICATION OF HYSTERECTOMY

34% uterine fibroids, 49% abnormal vaginal bleeding, 5% cancer of uterus and 2% others.

PROCEDURE OF HYSTERECTOMY

53% abdominal surgery, 40% vaginal, 7% laparoscopic assisted hysterectomy.

SYMPTOMS AFTER HYSTERECTOMY RESULTS

- Intraoperative hemorrhage and blood transfusion, 36.5%
- Post surgical infection, 41.2%

- Urinary tract infections/urinary incontinence, 36.5%
- Alteration in bowel habits, 27.1%
- Cardiac problems, 20%
- Bone weakness, 43.5%
- Alteration in sleep habits, 35.3%
- Weight reduction, 48.2%
- Fatigue after hysterectomy, 18.8%

DEPRESSION AFTER HYSTERECTOMY

10% always, 40 % often, 12.23% not often, 37.77

SEXUAL FUNCTION PROBLEM AFTER HYSTERECTOMY

1% always, 10% often, 2% not often, 89%never

DISCUSSION:

We surveyed different patterns of morbidities in post hysterectomy cases. The results shows percentage of indications, different procedures and symptoms associated with hysterectomy.

Our research shows 60% of patients are uneducated, 20% have education up to secondary level and 20% have tertiary education while the research of

Celestine Umuერი and Olayinka O Omigbodun showed that two-thirds (64.4%) had tertiary education while others had secondary (22.0%), and primary or Koranic education (13.3%).

In our study 32% of the women are below 40 years, 64% are between 40 to 60 years and 4% are more than 60. While the research of Stella N Okonkwo showed 93.3% of the women was aged 40 years and above; with the age group 40-50 years constituting the largest group.

In our study 36.5% women have urinary tract infections while the research of Isaac Manyonda showed 75% of the women have post operative urinary tract infections. Our study shows 27.1% women have alterations in bowel habits while the research of Stuart L Stanton showed 20 % of the women face alterations in their bowel habits.

Our study shows 10% of the women often shows sexual function problems after hysterectomy while the study of Kilkku showed 28.6% had sexual function problems.

Our study shows 53% women have abdominal hysterectomy , 40% have vaginal hysterectomy and 10% have laproscopic associated hysterectomy while the study of Rumina Tabassum and Saleem sabbar showed that 29.46% had vaginal hysterectomy and 69.64% had abdominal hysterectomy.

According to our research 36.5% women undergo intra operative hemorrhage and blood transfusion while study of Fahad Hanif and Raheela Hanif showed that 24.24% patients received blood transfusion.

Our study shows that 49% patients have abnormal vaginal bleeding as indication of hysterectomy and 51% have uterine fibroids, cancers and othes as indication while study of Roth showed vaginal bleedind as main indication (60%).

Our study shows that 41.2% women have post surgical infection, 20% have cardiac problems after hysterectomy while study of Merete Osler, Signe Daugbjerg showed 20% had post surgical infection and Bent Ottesen said that 12.23% had cardiac problems after hysterectomy.

In our study 35% shows sleep disturbance, 48% shows weight reduction, 43 % have bone weakness and 16 % shows fatigue on work after hysterectomy while the study of Peter Clarkson showed sleep disturbances in 40% and weight reduction in 60 %. And the research of Gillian Robinson showed that 30 % had bone weakness and 50.54% suffered weight reduction.

Our study showed 40% patients often have anxiety and depression while Micheal A Okunlola study showed that 68.4% patients had anxiety and depression.

CONCLUSION:

- Majority of patients were of age above 40 years and abnormal vaginal bleeding as their main indication of hysterectomy.
- Majority of patients have less post hysterectomy complications.

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