Original Article

Prevalence of Hysterectomy in Women in Sialkot

Hysterectomy in Women

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ABSTRACT

Objectives: To study the Prevalence of hysterectomy in women in Sialkot.
Study Design: Observational / descriptive study.
Place and Duration of Study: This study was conducted at the Department of Obstetrics and Gynecology, Idris Teaching Hospital Sialkot and Islam Teaching Hospital Sialkot from January 2014 to August 2016.
Materials and Methods: Seventy five women with hysterectomy were included in this retrospective study during January 2014 to August 2016 at Idris Teaching Hospital Sialkot and Islam Teaching Hospital Sialkot. Performa was designed to record age, area; type of hysterectomy (vaginal or abdominal) and indications of hysterectomy. The well informed consent was taken prior to operation from every patient. Permission of ethical committee was also taken. The results were analyzed on SPSS version 10.
Results: The prevalence of hysterectomy was maximum (41.3%) n=31 at the age of 38 – 47 years and minimum (9.3%) n=07 at the age of 18-27 years. The women from rural area had almost double prevalence (65.3%) n= 49 as compared to women of urban area (34.7%) n=26. The prevalence of abdominal hysterectomy in women was much higher (81.3%) n= 61 as compared to vaginal hysterectomy (18.7%) n= 14. In case of indications of hysterectomy in women was maximum in dysfunctional uterine bleeding (44%) n= 33 as compared to cancer of uterus and ovaries and genital prolapsed (13.3%) n= 10 and (14.7%) n= 11 respectively.

Key Wrods: Prevalence, Hysterectomy, Vaginal or Abdominal

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INTRODUCTION

The first abdominal hysterectomy was probably performed in England in 1843 (unplanned); the first vaginal hysterectomy about 120 AD in Ephesus[1]. Now-adays, hysterectomy is one of the most common gynaecological procedures in many countries[2]. In addition to abdominal and vaginal hysterectomies, a laparoscopic approach is possible[3]. Indications for a hysterectomy are cancer of the uterus and the ovaries and non-malignant diseases such as fibroids, genital prolapse, and dysfunctional uterine bleeding[4]. Although hysterectomy is a therapeutic measure, the women affected may also perceive it as the loss of an important organ and may be concerned about potential adverse outcomes[4,5], especially in case of a simultaneously performed oophorectomy or when they are still premenopausal.

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In addition to the usual operation risks, such as post-operative bleeding, infections and anaesthesiological complications, there can be an earlier onset of menopause in premenopausal women after hysterecto-my, even if there was no simultaneous oophorectomy performed[6]. International studies show that altogether, quality of life improves after the operation and that, in general, there are no negative effects on psychological health[7-10]. However, since some women feel that their health is impaired after hysterectomy[9-13] elective hyster-ectomies should only be performed after carefully weighing the benefits and risks and offering women additional support if necessary.

MATERIALS AND METHODS

This study was conducted at the Department of Obstetrics and Gynecology, Idris Teaching Hospital Sialkot and Islam Teaching Hospital Sialkot from January 2014 to August 2016. Seventy five women with hysterectomy were included in this retrospective study during January 2014 to August 2016 at Idris Teaching Hospital Sialkot and Islam Teaching Hospital Sialkot. Performa was designed to record age, area; type of hysterectomy (vaginal or abdominal) and indications of hysterectomy. The well informed consent was taken prior to operation from every patient. Permission of ethical committee was also taken. The results were analyzed on SPSS version 10

RESULTS

The prevalence of hysterectomy was maximum (41.3%) n=31 at the age of 38 – 47 years and minimum (9.3%) n=07 at the age of 18-27 years as shown in table 1. The women from rural area had almost double prevalence (65.3%) n= 49 as compared to women of urban area (34.7%) n=26 as shown in table 2. The prevalence of abdominal hysterectomy in women was much higher (81.3%) n=61 as compared to vaginal hysterectomy (18.7%) n=14 as shown in table 3. In case of indications of hysterectomy in women was maximum in dysfunctional uterine bleeding (44%) n=33 as compared to cancer of uterus and ovaries and genital prolapsed (13.3%) n=10 and (14.7%) n=11 respectively as shown in table 4.

Table No. 1: Age distribution in Prevalence of hysterectomy in women

Sr No	Age (Years)	Cases	Percentage
1	18-27	07	9.3%
2	28-37	16	21.3%
3	38-47	31	41.3%
4	48-57	21	28.1%
	Total	75	100%

Table No. 2: Area distribution in Prevalence of hysterectomy in women

Sr No	Area	Cases	Percentage
1	Urban	26	34.7%
2	Rural	49	65.3%
	Total	75	100%

Table No. 3: Type of hysterectomy in Prevalence of hysterectomy in women

Sr No	Type of hysterectomy	Cases	Percentage
1	Abdominal	61	81.3%
2	Vaginal	14	18.7%
	Total	75	100%

Table No. 4: Indications of hysterectomy in Prevalence of hysterectomy in women

Sr No	Indications	Cases	Percentage
1	Cancer of the uterus and the ovaries	10	13.3%
2	Fibroids of the uterus	21	28.0%
3	Genital Prolapsed	11	14.7%
4	Dysfunctional Uterine Bleeding	33	44.0%
	Total	75	100%

DISCUSSION

This almost 3 year retrospective study covered all hysterectomies performed in obstetrics and gynaecology department of Idris Teaching Hospital Sialkot and Islam Teaching Hospital Sialkot. In this study series the proportion of patients having abdominal hysterectomies was higher than vaginal hysterectomies which are almost similar to the studies conducted by Deeksha Pandey et al and Simi Fayyaz[10,11]. The peak age for procedure in our study was the fifth decade (41-50 years) and this has been documented in many studies.[2,13-15] Most of our patients were multiparaous (P4-6 and above). This finding has been reported by Qamar-ur-Nisa et al and Samaila Modupeola OA, Adesiyun AG et al.[12,13] The nulliparous women who had hysterectomy was 49 years old and had presented with severe menorrhagia leading to extreme anaemia. Dysfunctional uterine bleeding was the most common indication for abdominal hysterectomy (22.92%) which also correlates well with other local studies.[11,12] Utero vaginal prolapse was seen in 26.04% of patients and all patients with this pathology were operated through vaginal route.

It is estimated that approx. 90% of all hysterectomies are performed for benign diseases of the female genital organs[19].

In our study Cancer of the uterus and the ovaries was 13.3% indication for hysterectomy in women which coincides with other studies. The prevalence of hysterectomy was maximum (41.3%) n=31 at the age of 38 – 47 years and minimum (9.3%) n=07 at the age of (18-27) years which was almost similar to the many studies other authors[2,13-15]. The women from rural area had almost double prevalence (65.3%) n=49 as compared to women of urban area (34.7%) n=26. The prevalence of abdominal hysterectomy in women was much higher (81.3%) n=61 as compared to vaginal hysterectomy (18.7%) n=14. Which correlates with the results of samina jadoon et al[12], Deeksha Pandey et al and Simi Fayyaz.[10,11] Dysfunctional uterine bleeding was the most common indication for abdominal hysterectomy (44%) which also correlates well with other local studies[11,12]. Utero vaginal prolapse was seen in (14.7%) of patients and all patients with this pathology were operated through vaginal route, which correlates with the study of samina jadoon et.al[15]. Incidence of visceral damage reported in the literature and various international studies showed no significant difference to our study. Vaginal hysterectomy is being advocated in the literature due to fewer complications which is also observed in our audit but this could be due to difference in pathology apart from surgical approach[19].

CONCLUSION

Abdominal hysterectomy was the most commonly performed gynaecological procedure for many indications. Patient quality of care and better outcome can be improved by advocating skilled and vigorous training for vaginal hysterectomy and latter for laparoscopic assisted vaginal hysterectomy (LAVH).

Conflict of Interest: The study has no conflict of interest to declare by any author.

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Corrigendum

Conclusion of article "**Surgical Correction of Grown Up Tetralogy of Fallot"** authors 1. Muhammad Musharaf 2. Iqbal Hussain Pathan 3. Muhammad Jawad 4. Faryal Akber Jalbani printed at **page 73** in the Med Forum Vol. 27 No.11 **(November, 2016)** may be read as;

> "Our data emphasize that complete repair of Tetralogy Of Fallot is feasible in older patients but carries increased operative risk due to post operation bleeding, right ventricualr dysfunction and Dysrythmias. Survivors have frequent improvement in NYHA functional class as well as social status; however, economic productivity is difficult to commit as our follow, we believe is insufficient"

Editor