



**Full Length Research Article**

**EMERGENCY OBSTETRIC HYSTERECTOMY: AN EXPERIENCE OF 5 YEARS**

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**ABSTRACT**

**Objective:** To analyse and assess the incidence of Obstetric Hysterectomy (OH), its indications, risk factors and the complications associated.

**Method:** All cases of OH that were performed in our hospital from June 2010 to May 2015 were reviewed and evaluated in terms of the incidence, indications, and the associated complications.

**Results:** During the study period there were 24 emergency obstetric hysterectomies (EOH) and 13,259 deliveries giving an incidence of 0.18%. Majority of the patients were unbooked (79.16%). The Incidence of hysterectomy following vaginal delivery was 0.04%, and that following cesarean section was 0.29%. Most of the patients were in the age group of 20-25 yrs (66.6%). Majority of the cases were multipara (62.5%). Atonic post partum haemorrhage was the commonest indication contributing to 45.83%. There were 3 maternal deaths in our study (12.5%).

**Conclusion:** Emergency OH is a rare but life saving surgery. One has to prevent unnecessary delay or hasty decisions to decrease maternal morbidity and mortality. Timely obstetric judgement in trying circumstances can bring on good maternal outcome.

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**INTRODUCTION**

Hysterectomy in Obstetric cases are always done as an emergency procedure and as a last resort to save mother's life. Though it reduces maternal mortality, it sacrifices the reproductive ability of the mother. With the invent of prostaglandins, and improved surgical techniques, the need for obstetric hysterectomy seems to have reduced globally. Whereas in some countries due to higher cesarean delivery rates and concomitant increases in placenta previa and / or accreta in subsequent pregnancies, the incidence of obstetric hysterectomy has increased.

The decision is usually made when condition of the patient is too critical. Hence proper timing and meticulous care needs to be taken to arrive at the decision. Our study also included hysterectomies done following 2<sup>nd</sup> trimester abortions. Haemorrhage after abortion is rare (<1%), but associated morbidity may be significant.

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**MATERIAL AND METHODS**

A retrospective analysis of 24 cases of emergency hysterectomies done for obstetric indications over a period of 5 years from June 2010 to May 2015 was done. The study includes hysterectomies performed in emergency during pregnancy, labour, puerperium and following pregnancy termination. Each case was analysed in detail with emphasis on age, parity, booked or unbooked, indications, type of surgery performed, morbidity and mortality.

**RESULTS**

**Incidence:** There were 24 cases of emergency hysterectomies among 13,259 deliveries during the five year study period giving an incidence of 0.18% i.e., 1 in 552 deliveries (Table 1).

**Maternal Characteristics**

- Age: Most of the cases (66.6%) belonged to the age group of 20-25 years. The youngest was 20yrs old and the oldest was 32years of age (Table 2).
- Parity: Out of 24 cases, 9 were primi paras, (37.5%), and 15 were multiparas (62.5%), out of which 3 were grand

multiparas Table 2). Antenatal booking: Nineteen cases were unbooked (79.16%) and only five cases were booked.

**Table 1. Incidence of Obstetric Hysterectomy**

Statistical Data	Number
No. of deliveries	13,259
No. Of Cesarean sections	6,181
No. of vaginal deliveries	7,078
No. of obstetric hysterectomies	24
Incidence of obstetric hysterectomies	0.18%
Incidence of obstetric hysterectomies following vaginal delivery	0.04%
Incidence of obstetric Hysterectomies following cesarean section	0.29%

**Table 2. Distribution of the cases by age and parity**

Age	Parity					Total Cases
	1	2	3	4	5	
20 - 25	6	2	1	2	2	13
26 - 30	3	5	1	1		10
31 - 35					1	1

### Indications

Atonic PPH was the major indication for obstetric hysterectomy (45.83%). The next two common indications being secondary PPH (20.83%) and abnormal placentation (20.83%) (Table 3).

**Table 3. Indications**

Indications	No. of Patients	Percentage
Uterine atony	11	45.83%
Morbidly adherent placenta	5	20.83%
Secondary PPH	5	20.83%
Pseudoaneurysm of uterine artery	(2)	
Post partum endometritis	(3)	
Subacute inversion of uterus	1	4.16%
Rupture uterus	1	4.16%
Post partum endometritis	1	4.16%

Prior cesarean section was a significant high risk factor (9/24). There were 3 cases of II trimester abortion who needed emergency hysterectomy. One of them had continuous vaginal bleeding after spontaneous abortion at 24wks of gestation with morbidly adherent placenta. The other two had hysterotomy at 20wks of gestation for indications like central Placenta previa with previous 2 LSCS with anamnios and fetal anomalies with prev. LSCS. One of them had atonic PPH and the other one had morbidly adherent placenta and continuous vaginal bleeding.

### Type of Operation

Subtotal Hysterectomy was done in 58.33% of the cases as it was done in moribund condition of the patient. In the remaining cases who had excess bleeding from lower segment of the uterus, total hysterectomy was done.

### Post Operative Complications

Post operative complications were wound infection in five, pyrexia in three.

Three patients needed ICU admission following surgery due to severe hypotension. Two patients went into DIC and one had acute renal failure (Table 4). There were three maternal deaths giving a maternal mortality of 12.5%. They were due to acute renal failure in one and due to DIC in two.

**Table 4. Post operative complications**

Causes	No. of cases	% age
Pyrexia	3	12.5
Wound infection	5	20.83
Hypotension and ICU admission	3	12.5
DIC	2	8.3
ARF	1	4.16

### Discussion

The incidence of EOH in our study is 0.18% which is similar to that of Allahabadiya and Vaidya (Allahabadia and Vaidya, 1991). Our incidence was higher than many other studies (Sturdee and Rushton, 1986; Agashe and Marathe, 1991; Parameshwari *et al.*, 2004), because our hospital is an important referral center in this region and most of the cases were unbooked (79.16%) referred from outside in moribund condition. In our study incidence of EOH after vaginal delivery is 0.04% and that after cesarean delivery is 0.29%. Similar study has been reported by Powar and Shrotri (Powar and Shrotri, 1998). Atonic PPH is the commonest indication for Obstetric hysterectomy in our study (45.83%). A study by Clarke *et al.* (1984) also showed atonic PPH as a common indication for obstetric hysterectomy. The mortality rate in our study was 12.5% which is similar to the study by Mantri *et al.* (14%) (Mantri *et al.*, 1995). But Sturdee and Rushton (Sturdee *et al.*, 1986) from Birmingham Maternity hospital reported no mortality in their series of 47 cases over 15 years. Common complications in the post operative period were shock, fever and wound infection, probably due to prolonged labour, blood loss, anaemia and extra manipulations.

### Conclusion

Though obstetric hysterectomy is a rare operation, it represents a painful dilemma in obstetric practice. High cesarean section rates have led to abnormal placentation in subsequent pregnancies. So every attempt must be made to reduce cesarean section rate by performing the procedure only for valid clinical indications. EOH is a radical procedure with a definite role in the management of life threatening obstetric haemorrhage. Ultimately one has to strike a balance between spending excessive time on alternative techniques which are ineffective, leading to delay, further haemorrhage and probably DIC, and moving to the definitive and life saving hysterectomy. At the same time emergency obstetric hysterectomy should be the last resort to save the life of mother, because it costs her reproductive capability.

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