

# Peripartum Hysterectomy

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**Objective:** To find out the frequency, indication & its associated morbidity in our setup. **Study design:** Prospective cross-sectional observational study for the period one year (from June 2003 –May 2004) carried out in the Department of Obs / Gynae, Lahore General Hospital Lahore. **Results:** During the study there were 26 cases of peripartum hysterectomy, of which 14 case were of caesarean hysterectomy, while 10 cases were following normal vaginal delivery & 2 cases followed by instrumental delivery. Uterine atony was the most common indication for peripartum hysterectomy in 12 cases (46.15%). Uterine rupture including instrumental delivery tear was 2<sup>nd</sup> most frequent cause in 4 +2=6(23.07%) of cases. In 19.2% (5) of cases abnormal placentation was the cause. In 2(7.6%) of cases sepsis was the cause leading to secondary PPH followed by hysterectomy. A subtotal hysterectomy was carried out in 10 (38.46%) & total hysterectomy was performed in 16 (61.53%) cases. there were 4 maternal deaths. Urinary tract injuries occurred in 3(11.53%) cases, fever, chest infection & wound infection were common morbidity. Anemia was found in almost every case. Intra & post operative Blood transfusion s were given in all cases. Relaparotomy was done in one patient for continues vaginal bleeding. **Conclusion:** Despite its morbidity & mortality emergency Obstetric hysterectomy remains an essential life saving tool. Uterine atony, uterine rupture & abnormal placentation were most common indications, reflecting under utilization of existing antenatal, family planning services. Injudicious use of oxytocin, lack of transportation facilities, poverty & delayed referral all contribute to morbidity & mortality associated with emergency Obstetric hysterectomy.

**Key words:** Peripartum hysterectomy

Obstetric hysterectomy refers to surgical removal of the pregnant or recently pregnant uterus with the pregnancy in situ or due to complications of delivery Horotio Storer performed .The first caesarean hysterectomy in 1869. It is an indispensable life saving tool for management of intractable obstetric hemorrhage, un responsive to other treatment.

In modern obstetrics the overall incidence is 0.05 %<sup>1</sup>. However there is striking differences in its prevalence rate ranging from 1 in 349<sup>2</sup> in Nigeria to 13/1000 births in south California<sup>3</sup> depending upon inherent characteristics of the concerned obstetric population & standard of available maternity, family planning services & their utilization.

## Material & methods

A prospective cross-sectional observational study was carried out in obs/ gynae unit ii of Lahore General Hospital Lahore for the period one year from June 2003 –May 2004. 26 cases of peripartum hysterectomy were occurred during one year, weather delivered inside or out side the hospital, booked or un booked. The detail history was taken investigations sent. The patient & relatives were counseled regarding the need for hysterectomy & their high risk consent taken. All patients received blood transfusions & antibiotic cover.

## Results

The incidence of peripartum hysterectomy was found to be 0.64 % .The mean age of the patients was 30.5 years with range of 18-40 years. Most of the patients were parous shown in table 1.

Table I: Parity distribution

Parity	=n	%age
0-2	10	38.46
3-5	13	50
6-08	2	7.6
9-12	1	3.8

The most common indication was found to be uterine atony followed by abnormal placentation & uterine rupture (Table II).

Table II: Indications of peripartum hysterectomy

Indications	=n	%age
Uterine atony	12	46.15
Uterine rupture	4	15.38
Instrumental delivery	2	7.6
Abnormal Placentation	5	19.2
Sepsis	2	7.6
Couvelaire uterus	1	3.8

Intra operative complications were hemorrhage& urinary tract injuries .Maternal death occurred in 4 patients following surgery. Relaparotomy was done in one patient.10 of the patients delivered vaginally either inside or outside the hospital went into PPH & ended up into peripartum hysterectomy, 14 cases of caesarean section & 2 cases of instrumental delivery followed by obstetric hysterectomy. A subtotal hysterectomy was carried out in 12 & total abdominal hysterectomy was done in 14 cases.

## Discussion

The overall frequency of peripartum hysterectomy was found to be 0.64% in our study. The emergency hysterectomy was found to be more frequent after

caesarean section than after NVD which is found to be consistence with other studies<sup>3,4</sup>. In cases of uterine atony, subtotal hysterectomy is often quicker & safer than total abdominal hysterectomy, in term of potential injury to the lower urinary tract<sup>5</sup>. However subtotal hysterectomy is not appropriate in cases of bleeding from the lower segment associated with placenta previa & or accrete.

The mean age of patients in over study was ranging from 18- 40 years which is in occur dance with sumera at all study<sup>6</sup>. Most of our patients were multipara, however 10 of patients were primipara or less than para<sup>2</sup>.

The most common indication for peripartum hysterectomy was uterine atony in 46.15% of cases which is in accordance with bracedly series<sup>7</sup>. Most of our patients were unbooked, markedly anemic, due to malnutrition, poverty, repeated successive pregnancies, illiteracy and excessive loss of blood at either home or private center of Dai and TBA's, Injudicious use of oxytocic and delayed referral to hospital, lack of transportation facilities, lack of adequate blood bank facilities all contribute to uterine atony which ended up in emergency hysterectomy.

The other indications were abnormal placentation in 19.2 %, uterine rupture in 15.38% instrumental delivery 7.6%, sepsis in 7.6% and couvelaire uterus in 1 % of cases. During the last few decades caesarean section rate has become unacceptability high resulting in problem with prior uterine scare, placenta previa & morbid adherence of placenta with its consequences, leading to increase need for emergency hysterectomy with its associated morbidity and mortality. In a study form USA<sup>8</sup> placenta accreta was found to be common indication for peripertum hysterectomy .Combination of abnormal placentation and scarred uterus can prove quite detrimental if not dealt properly by an experienced obstetrician and keeping plenty of blood supply ready.

Uterine rupture and instrumental delivery ended up in emergency obstetric hysterectomy in 15.38% and 7.6% of cases respectively uterine rupture was due to multiparty, previous caesarean section obstructed labour, injudicious use of oxytocic drugs by Dai and TBA's. All patients required preoperative and intra operative blood transfusion. Antibiotic cover was given to every patients .Bladder injury was occurred in 3(11.5%) of patients which was successfully repaired, no gut or uriteric injury found, 4 patients expired due to excessive blood loss, DIC and sepsis Maternal mortality is comparatively high in our

study which is contrary to reports by Zelop CM<sup>7</sup> and Castaneda<sup>9</sup>, where there is no maternal death in their recent studies.

**Conclusion**

Emergency obstetric hysterectomy remains an essential life saving procedure. High parity, low socioeconomic status. Illiteracy, lack of antenatal& family planning service, transportation and blood bank facilities are all contributing factor for high maternal morbidity and mortality. Effective antenatal care, identification of high risk patients, identification of high risk patients, enhancement of blood transfusion facilities transportation together with improvement of surgical skills are important to reduce the morbidity associated with operation. Moreover attempt to reduce the primary caesarean section rate should be helpful in reducing the relative risk for hysterectomy. There fore all obstetric unit should have clear guidelines in place to deal with this emergency & where possible, apply techniques that allow preservation of the uterus.

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