

HYSTERECTOMY WHY?Swati Patel¹, Komal Modi², Shuchi Shah³, Dirgha Pamnani⁴**HOW TO CITE THIS ARTICLE:**

Swati Patel, Komal Modi, Shuchi Shah, Dirgha Pamnani. "Hysterectomy Why?". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 32, August 04; Page: 8750-8755,

DOI: 10.14260/jemds/2014/3117

ABSTRACT: OBJECTIVE: This study was designed to identify various factors affecting women's decision to undergo hysterectomy, to know the reasons for preference of hysterectomy over medical and surgical conservative management and observe occurrence of various uterine pathologies in relation to age. **METHODS:** A prospective observational study of 600 patients who underwent hysterectomy for various etiologies by different routes at Sola Civil Hospital, Ahmedabad over a period of 1 year (from Jan-13 to Dec 13) was carried out. **RESULT:** percentage of patients undergoing hysterectomy in prolapse and adenomyosis group patients are 100% and 96.29% In DUB 64.39% and the fibroid group 68.10-% patients preferred hysterectomy as a first line of treatment. **CONCLUSION:** DUB was recognized as the most common indication for hysterectomy amongst reproductive age women whereas prolapse was the commonest indication in women over 50 years of age. A considerable number of patients with PID preferred medical management Patients with DUB and fibroid preferred conservative surgical and medical management before finally opting for hysterectomy but more than 64% patients in both group opted hysterectomy as first-line treatment. Cost of medical management and affection of quality of life were identified as major reasons for diverting to permanent cure (hysterectomy) in DUB patients. Belief of uterus as a vestigial organ after completion of childbearing was reason for hysterectomy in PID and prolapse patients.

KEYWORDS: Hysterectomy, DUB, Prolapse.

INTRODUCTION: Hysterectomy is one of the most commonly performed major operations. 55% of pts visiting gynecology OPD has menstrual problems. Among all patients of menstrual problems of various age groups, 10-15% patients undergo hysterectomy. In Indian scenario, uterine prolapse influence significant portion of patients undergoing hysterectomy.

Abnormal uterine bleeding (AUB) is a common presenting symptom in the family practice setting.⁽⁸⁾ It is an embarrassing problem affecting woman's routine work. AUB includes DUB and other causes like pelvic pathology, medications, systemic disease or pregnancy.

DUB is most common cause of AUB but remains diagnosis of exclusion. Incidence of DUB is 10 % in reproductive age women.⁽¹⁾

Medical management of dysfunctional uterine bleeding depends upon whether the patient is in pre, peri or postmenopausal state. Medical treatment may include oral contraceptive pills, cyclic progestins, non-steroidal anti-inflammatory drugs and the levonorgestrel intrauterine contraceptive device.⁽³⁾ However, as pre-menopausal period is variable, may extend over few months to year, prolonged medical treatment required, cost of treatment and reversibility of symptoms after stoppage of treatment are influencing factors to prefer surgical management⁽⁵⁾.

In addition, according to Indian tradition, women cannot involve in holistic activities or worship god during their menstrual phase and hence menorrhagia and metrorrhagia hampers their

ORIGINAL ARTICLE

quality of life. To get rid of all this inconvenience, Indian female opt for hysterectomy over conservative management.

Leiomyoma attributes to menorrhagia, pelvic pain and pressure symptoms on adjacent organ.⁽⁸⁾ Leiomyoma can be asymptomatic. Reproductive need is one of influencing factor in patient's decision of conservative surgery and hysterectomy.

Medical causes like hypertension, hyperthyroidism, coagulopathy and other factors like stress can lead to menorrhagia. By correcting this basic pathology menorrhagia can be cured, but when reproductive functions are over women choose hysterectomy over other management.

Uterine prolapse was observed highly among large no. of women having low socioeconomic class & in high-parity women. Pelvic organ prolapse is a very common condition particularly among old women. Global prevalence of genital prolapsed is 2-20% Prevalence of prolapse at our institute is 39.3%. Pts with prolapse generally come late as they consider prolapse, affecting a sensitive part of women's body, to be a shameful condition and hence tend to be secretive about their condition.

They seek treatment only when they start getting distressing symptoms like bleeding from decubitus ulcer, difficulties in passing urine or stool⁽⁶⁾. At that stage hysterectomy and pelvic floor repair remains the only option.⁽¹⁾

Conservative surgeries like cone biopsy in early stage cervical cancer are good options though pts prefer hysterectomy in fear of future recurrence.

MATERIAL & METHODS: A Prospective observational study of 600 pts over period of 1year (Jan 2013 – Dec 2013) who underwent hysterectomy for various reasons was conducted and the results analyzed. A questionnaire in the vernacular language was filled for all the gynecology patients attending the outdoor patient department. For illiterate patients, face to face interview was conducted using the same questionnaire. Patients who opted medical management or improved by conservative surgical management were excluded.

The questionnaire comprised of patient's age, socioeconomic status, occupation, chief complains, obstetric and gynecology history, past history of treatment taken for menstrual problems, any medical diseases, e.g. hypertension, diabetes, blood coagulopathy, thyroid disorders. The reasons for patient preference for surgical management in the form of the high cost of conservative treatments, deterioration of quality of life and myths about uterus being a vestigial organ, was also evaluated⁽⁴⁾.

Analysis was done on the basis of parameters like uterine pathologies in relation to age requiring hysterectomy, conservative medical or surgical treatments taken prior to definitive treatment of hysterectomy and of various reasons for preferring hysterectomy.

UTERINE PATHOLOGY	AGE GROUP				TOTAL(600)	(%)
	31-40 YRS	41-50 YRS	51-60 YRS	>60 YRS		
DUB	58	129	4	-	191	31.8
FIBROID	32	68	15	1	116	19.3
ADENOMYOSIS	3	37	14	-	54	9
PID	2	1	-	-	3	0.5
PROLAPSE	6	26	75	129	236	39.33

TABLE 1: Uterine pathologies in relation to age group

ORIGINAL ARTICLE

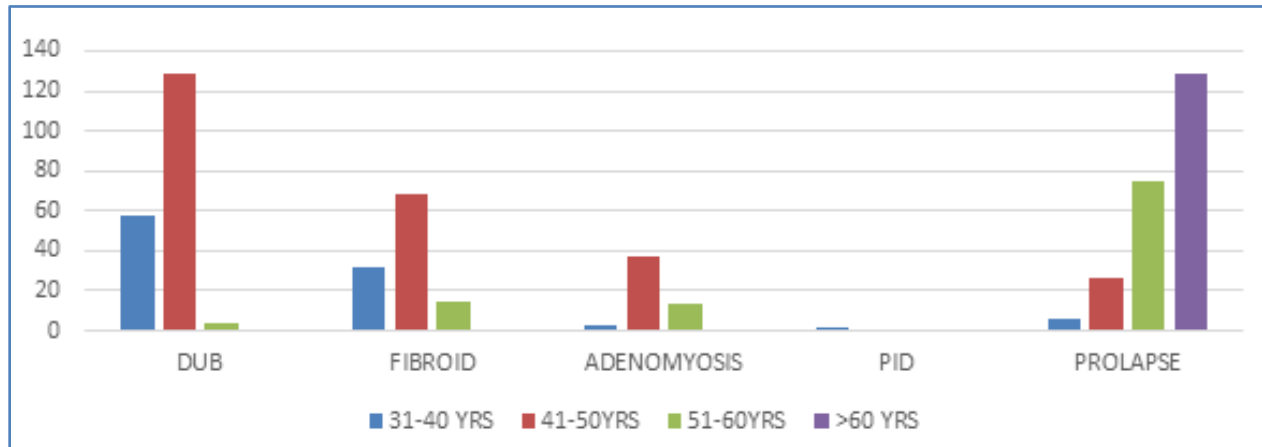


Fig. 1: Uterine pathologies in relation to age group

UTERINE PATHOLOGY	CONSERVATIVE MEDICAL Rx F/B HYSTERECTOMY		CONSERVATIVE SURGICAL Rx F/B HYSTERECTOMY		HYSTERECTOMY	
	NO.	%	NO.	%	NO.	%
DUB	26	13.61	42	21.9	123	64.39
FIBROID	4	3.4	33	28.4	79	68.10
ADENOMYOSIS	2	3.7	-	0	52	96.29
PID	3	100	-	0	-	0
PROLAPSE	-	0	-	0	236	100

TABLE 2: MODES OF TREATMENT FOR VARIOUS PATHOLOGY

UTERINE PATHOLOGY	COST OF MEDICAL RX		DETERIORATION OF QUALITY OF LIFE		MYTHS ABOUT UTERUS		SOCIAL FACTOR	
	NO.	%	NO.	%	NO.	%	NO.	%
DUB	78	40.8	64	33.5	-	0	49	25.6
FIBROID	29	25	56	48.2	-	0	31	26.7
ADENOMYOSIS	-	0	-	0	-	0	-	0
PID	-	0	2	66.6	1	33.3	-	0
PROLAPSE	8	3.3	210	88.9	18	7.6	-	0

TABLE 3: REASONS FOR OPTING HYSTERECTOMY IN RELATION TO VARIOUS PATHOLOGY

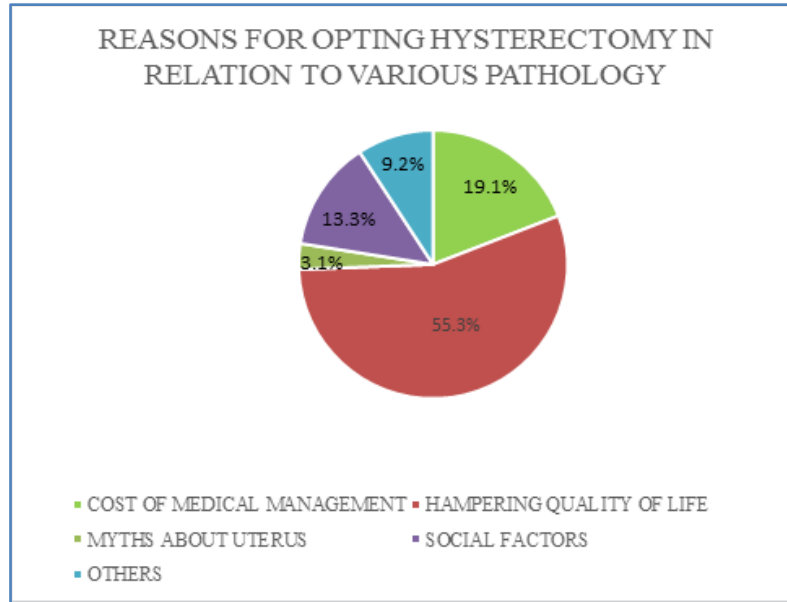


Fig. 2: Pie chart showing reasons for opting Hysterectomy in relation to various pathology

RESULT: Demographic characteristics demonstrated that patients of DUB are commonly seen in age group of 41-50 yrs (21.5%). Hysterectomy done after 60 yrs of age are mainly for uterine prolapse (21.5%). Among all hysterectomy patients, pathologies like fibroid, adenomyosis and prolapse were detected in 67.5% patients while 32.3% patients were symptomatic without any obvious pathology⁽⁹⁾.

PID can be treated by medical management so was the least common indication for hysterectomy (0.5%). Amongst hysterectomies done for DUB, 35.5 % pts had taken medical or surgical form of conservative treatment but because of long duration of treatment, recurrence and cost factor force them to go for a hysterectomy. Same reasons were observed in 64.3% of DUB patients who underwent hysterectomy as first-line management.

Adenomyosis was seen in 9% of pts undergoing hysterectomy. Medical management of adenomyosis e.g. GnRH analogs and Levo-norgestrel containing IUCDS were not easily accessible and affordable option in our set up, so surgery remained the main option for these patients. 96.29% patients of adenomyosis underwent hysterectomy as the first line of treatment⁽²⁾.

Prolapse was the indication in one-third of pts of hysterectomies. As was observed, it was more common after 60years of age. Vaginal pessaries and pelvic floor exercises (PFE) are only currently available non-surgical intervention to manage prolapse.⁽⁷⁾ But patients were not ready to prefer vaginal pessaries or conservative surgical procedure like Fothergill's or Manchester operations. 100 % of prolapsed patients underwent hysterectomy along with anterior and posterior compartment repair as per need.

68.10% of fibroid patients preferred hysterectomy as the first line of management.

40.8 % of DUB patients favor surgical intervention like hysterectomy because of the high cost of medical management. While 88.9 % prolapse patients prefers surgical treatment because of hampering of their day to day activities.

ORIGINAL ARTICLE

DISCUSSION: This study focuses on a small segment of hysterectomies for assessing the decision making of patients. Major determining factors are pathologies, availability of medical management, and cost of treatment, preference of surgical management and disturbance of routine activity⁽⁵⁾. Marked variation in choice of hysterectomy was seen in various age group & socioeconomic status.

We found that most common indication for hysterectomy was uterine prolapse.

Prevalence of uterine prolapse was reported to be 39.3%. This result display small quantity of prevalence of genital prolapse. Deuwa et al & Bonetti et al also reported the prevalence of prolapsed as 33% & 37% in western district of Nepal.⁽¹⁾

The second common indication for hysterectomy was heavy, irregular vaginal bleeding approximately 31.8% with a mean age of women being 44.8 ± 6.2 years which are comparable to studying by Farkhunda et al.

Adenomyosis was common finding in 9% of pt. The age distribution showed there was no association between adenomyosis and age. Adenomyosis can occur below & above age of 45 yrs.⁽⁸⁾

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Date of Submission: 15/07/2014.
Date of Peer Review: 16/07/2014.
Date of Acceptance: 28/07/2014.
Date of Publishing: 01/08/2014.