

Emergency Peripartum Hysterectomy-One Year Study in Labour Ward Obstetric and Gynaec Department Guntur Medical College, Guntur(2014)

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Abstract:

Aim:To determine the incidence, indication,risk factors and complications of Emergency peripartum hysterectomy (EPH) and to evaluate subtotal Vs total hysterectomy.

Material and methods:This is prospective study of all, women who underwent EPH in 2014 in obstetric and gynaec department in Guntur Medical College, Guntur, after taking approval from Ethics committee. The incidence, indications, risk factors, complications are analyzed from the case sheets and parturition registers.

Results:There are 9771 total number of deliveries in labour wards in 2014, 8401 are normal deliveries and 1370 are LSCS. 16 women underwent EPH in 2014 in GGH Guntur(1.58 per 1000 cases). The indication for EPH rupture uterus(55.8), abnormal placentation (20%), atony (25%). The common complications are coagulopathy(20 %),MORD (24.8 %), sepsis (12.5 %) , bladder injury(6.25%). The incidence of LSCS and post caesarian pregnancies are high in our series. Post caesarian pregnancies with rupture uterus where rent repair is feasible ,rent repair and tubectomy done ,and those cases are excluded.

I. Introduction

EPH means removal of the uterus antenatally after 20 weeks of gestation, at the time of the delivery or in the post partum period for hemorrhage which is not responding to treatment. In western countries the most common indication was abnormal placentation, uterine atony and rupture uterus(1,2,3,4,5,6). But in our study rupture of the previous scar, atonic PPH and abnormal placentation are the common indications. The incidence of LSCS and the no. of post-caesarian pregnancy have increased enormously, which are associated with increased morbidity and mortality. In our study there is increased incidence of rupture of previous scar, there are maternal deaths (24.8%) and morbidity (40%). The incidence of EPH in literature varies from 0.3-6.2 in 1000 pregnancies in published journals(2,4,5,6,7,8). The EPH is associated with increased morbidity and mortality and psychological effects. The incidence of EPH in eastern studies is 0.39 – 0.8 in 1000 pregnancies(7,8).

Objectives:To determine the incidence, risk, indications and complications of in EPH in GGH Guntur and compare with other studies.

II. Material Methods

The study was conducted in the labour wards of GGH, Guntur, A.P. The prior approval of ethics committee was taken for study. All the details are collected from the case sheets. The demographic data regarding age, parity, gestational age, indications, number of blood transfusion, operating time, complications, duration of ICU stay, duration of hospital stay, were obtained from case sheet.

III. Results

During one year study 2014 the total number of deliveries are 9771 and no. of LSCS – 1370 (14.02%). 16 cases underwent EPH (1.58 per 1000 cases). The indications for EPH are rupture uterus (55.8%), uterine atony(25 %), abnormal placentation(25 %). The incidence of EPH is 0.42 per 1000 deliveries and 8.02 per 1000 LSCS.

Age group:Three patients are less than 20 years of age(18.6%) and 11 patients are between the age of 21-30 years(67.2%) And two patients are above 31 years of age(12.4%)

Parity:Two patients primigravida(12.4%), six patients are secondgravida(37.2%), four patients are thirdgravida(24.8%), and four patients are four and above parity(24.8%).

Education: Three patients are having primary education(18.6%), four patients having secondary education (24.8%)and rest are uneducated(55.8%).

Socio-economic status: One patient is in middle income group(6.2%), rest are below poverty line(93.8%). Three patients belong to urban area (18.6%)and rest belong to rural areas(81.4%).

Referral: 3 patients are from PHC's 13 are from RHC and area hospitals.

Booked cases: Only three cases are from local areas (18.6%)and the rest from referrals(81.4%).

Indications for EPH	No. of cases	Percentage (incidence)
C P D	1	6 . 2 %
P o s t - c a e s a r i a n	1 0	6 . 2 %
A d h e r e n t p l a c e n t a	2	1 2 . 4 %
P l a c e n t a p r a e v i a	3	1 8 . 6 %
a) Placenta praevia with adherence	2	1 2 . 4 %
b) Placenta praevia without adherence	1	6 . 2 %
F i b r o i d	1	6 . 2 %
R u p t u r e u t e r u s	7	4 3 . 4 %
U t e r i n e a t o n y	5	3 1 %
A c c i d e n t a l h a e m o r r h a g e	1	6 . 2 %
H e a r t d i s e a s e	1	6 . 2 %

General anaesthesia was used in all the cases. EPH was done after the failure of all conservative methods – Inj.prostadin,Inj.syntocinon, uterine artery and internal iliac artery ligation failure, balloon tamponade. Some of the cases of ruptured uterus underwent rent repair and tubectomy which are excluded from the study. Out of 16 cases 2 cases had TAH (12.4%), the rest underwent sub-total hysterectomy. The average women had 4±2 blood transfusions. Ten women have ICU stay of 5±3 days. The total number post operative stay was 12-24 days.

Complications:

Sno	C o m p l i c a t i o n s	Percentage
1	D I C	4 (2 4 . 8 %)
2	F e b r i l e m o r b i d i t y	8 (4 9 . 6 %)
3	P e r i t o n i t i s	1 (6 . 2 %)
4	B l a d d e r i n j u r y	1 (6 . 2 %)
5	W o u n d s e p s i s	2 (1 2 . 4 %)
6	M o r t a l i t y	4 (2 4 . 8 %)

IV. Discussion

Our paper analyses the incidence of EPH in Govt. General Hospital, Guntur, Andhra Pradesh. The incidence of EPH is 1.58per 1000 deliveries and compares favourably with other studies.

Comparison with other studies

A u t h o r	I n c i d e n c e	P r e v i o u s L S C S	Delivered by LSCS
G G H s t u d y	1 . 5 8	8 0 . 6	3 1 . 2
K u w a i t s t u d y (1 1)	1 . 0 7	8 3 . 9	9 1 . 9
A w a n (1)	0 . 8 5	5 4 . 8	8 7 . 1
D e m e r c i (4)	0 . 3 7	6 4 . 8	8 7 . 7
K w e e (3)	0 . 3 3	5 2 . 1	6 4 . 6
Y u c e l (5)	0 . 2 9	2 0 . 6	4 7 . 1

The most common causes of EPH are rupture uterus (43.4%), uterine atony (25%), abnormal placentation (20%). In western studies abnormal placentation and atonicity are most common causes of EPH (2,4,5,6,7,8,11).

Some of the known risk factors are caesarian section and post caesarian pregnancy, increased parity, increased D & C and MTP's. Studies have shown that caesarian section increases the risk of EPH.

S n o	P r o c e d u r e	T o t a l	R a t e o f E P H	I n c i d e n c e
1	N o r m a l d e l i v e r y	8 4 0 1	5 (1 9 . 4 %)	0 . 4 2
2	L S C S	1 3 7 0	1 1 (8 0 . 6 %)	8 . 0 2

The incidence of rupture uterus is high in our studies due to malnutrition, anemia, poor socio economic status, parity, lack of spacing,lack of compliance of contraceptive methods and failure of conservative

methods, illiteracy. In other studies it has been reported that abnormal placentation increases with LSCS, post-caesarian pregnancy, post operative sepsis and MTP's.

The rate of EPH was 8.02 per 1000 LSCS as against 0.42 per 1000 normal delivery. The relative risk is 30% per LSCS. It has also been reported that the risk of placenta praevia with and without adherence increases with LSCS. High parity and LSCS have higher rate of EPH. The uterine atony 5 cases (31 %) and adherent placenta 4 cases (24.8%).

It is often debated what type of hysterectomy should be performed. Some prefer to do sub-total hysterectomy compared to total because of reduced operating time, reduced need of blood units, and intra and post operative complications. YACEK et al (5) preferred total hysterectomy when bleeding from LUS. 2 cases underwent TAH for placenta praevia (12.4%) who are not responding to systemic devascularisation.

In KUWAIT STUDY (11) total hysterectomy were preferred with ureteric stunting. In our study sub-total were performed 14(86.40/0) while total were done in 2 cases(12.4%). Only one case of bladder injury present (6.2%).

EPH was associated with increased morbidity and mortality. The most complications are DIC and Bladder injury (AWAN et al) ¹⁻⁷ wound sepsis. The mortality rate in our study was 4 cases(24.8%). The increased mortality due to referral from remote PHC's & RHC's and haemorrhagic shock. The morbidity rates are very high in our study 12 cases (73.2%).

Recent studies focus on conservative management of adherent placenta to maintain menstrual functions and to reduce complications. The procedures like haemostatic sutures, methergin, prostaglandins, internal iliac artery ligation are attempted. STEINBISCHOP CN Et al(10) in their review study conclude that other methods may be effective. In review of literature the superiority of this method has not been proved. In our institution we are doing EPH.

V. Conclusion

In our studies the increased incidence of LSCS, post-caesarian pregnancies are the common causes of rupture uterus as opposed to other studies the increased incidence of rupture uterus is due to increased incidence of LSCS, post caesarian pregnancies, MTP's and D&C's, multiparity, illiteracy, poor socio economic status, poor usage of family planning methods. The relative risk of LSCS is 30 times more than the vaginal deliveries. Because of the grave consequences the decision to undertake LSCS, the advantages should outweigh the disadvantages. Performing LSCS at request should be discouraged. VBAC and Institutional deliveries should be encouraged to reduce the incidence of LSCS.

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