
Emergency Peripartam Hysterectomy—A Retrospective study in a Tertiary care hospital in Eastern Part of Uttar Pardesh

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Abstract

Background : Incidence of Emergency peripartam hysterectomy has increased these days. Objective of doing this study is to determine the incidence of peripartam hysterectomy , risk factors of peripartam hysterectomy and the effect of hysterectomy on the quality of life.

Method : This is a retrospective study done over a period of 18 months (Nov 2016 to April 2018). Data collected from the registers in labor room and emergency operation theater. All the patients presenting with antepartum haemorrhage were included in the study. Number of patients who has undergone hysterectomy recorded.

Result: The incidence of peripartam hysterectomy is 0.76% . Morbidly adherent placenta is the commonest cause of peripartam hysterectomy (27.27%) , followed by placenta previa with out invasion and abruption placenta both around 22.73% .History of previous cesarean section ,abortions followed by dilatation and curettage , grandmultiparity are some of the risk factors leading to increase incidence of peripartam hysterectomy.

Conclusion: The rise in the incidence of peripartam hysterectomy is mainly due to morbidly adherent placenta .Illegal abortions and cesareans are mainly responsible for morbidly adherent placenta.

Keywords: Peripartam hysterectomy ,placenta percreta , Postpartam haemorrhage.

Introduction

Emergency peripartam hysterectomy is the procedure which is mainly performed during or immediately after abdominal or vaginal delivery due to extensive haemorrhage⁽¹⁻⁵⁾. Peripartam hysterectomy is an important cause of maternal morbidity and mortality and was defined as hysterectomy with in 6 wks of delivery as a complication of postpartam haemorrhage. The indications of Emergency peripartam hysterectomy mainly include hemorrhage .The haemorrhage could be due to any reason i.e placenta previa with or with out invasion , uterine atony ,rupture uterus etc⁽⁶⁻⁸⁾.

It has been seen that Placenta accreta has emerged as the commonest indication for emergency peripartam hysterectomy over the past two decades because of the increase in the rate

of caesarean section⁹.In the present Era, the postpartum haemorrhage can be controlled with uterotonics ,hemostatic sutures such as B Linch , uterine artery ligation and internal iliac artery ligation. These procedures has reduced the prevalence of emergency peripartam hysterectomy especially in women with low parity¹⁰. According to one of the meta-analysis , there is an annual increase of 8% in the incidence of emergency peripartam hysterectomy around the world¹¹.

The objective of this study is to determine the incidence of Emergency Peripartam Hysterectomy at our institution, the indications and outcome of the procedure.

Material and methods:

The present study was a retrospective study done in the department of obstetrics and gynaecology at SSH ,BHU over a period of 18 months i.e from Nov 2016 to April 2018 .The patients who presented to the labor room with complains of antepartum haemorrhage were included in the study .Data related to these patients were taken from the records available in the labor room and emergency operation theatre .Their files were reviewed and their biodata , sociodemographic profile, prev obstetrical history and other high risk factors were noted down .The mode of delivery either normal vaginal delivery or Emergency caesarean section recorded. The number of patients who underwent emergency peripartam hysterectomy and the indication of hysterectomy noted down .The complications of the procedure and the morbidity and mortality associated with the procedure were also taken in to account .Data was analysed to calculate the incidence of emergency peripartam hysterectomy.

Results :

A Total of 107 patients with Antepartam haemorrhage were included in the study.Total no. of deliveries during the study period was around 2880 including normal vaginal deliveries and caesareansection.Out of these 22 patients underwent emergency peripartam hysterectomy i.e 0.76 %.

Table no 1: Incidence of hysterectomy

No.of total deliveries	2880
No .of emergency peripartam hysterectomies	22
Incidence of emergency peripartam hysterectomy	0.76%

Table no . 2: Age distribution among emergency paripartam hysterectomized patients n=22

Age	No.	Percentage
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21-25	2	9.09%
26-30	7	31.82%
31-35	9	40.91%
36-40	4	18.18%
Total	22	100%

TABLE 2 PARITY

	No of cases	Percentage
PRIMIGRVIDA	00	0%
NO LSCS but H/O Multiple abortions	03	13.64%
Previous 1 LSCS	4	18.18%
Previous 2 LSCS	8	36.36%
Previous 3 LSCS	2	09.09%
GRAND MULITIPARA Without LSCS	3	13.64%
Grndmultipara with LSCS	2	09.09%

Demographic profile

n=22

Residence	No of Patients	Percentage
Rural	12	54.55%
Urban	10	45.45%
Socioeconomic status		
Low	6	27.27%
middle	10	45.45%
Upper	6	27.27%

Table no .3: Risk Factors

Variables	No.	Percentage
Multiparity	18	81.82%
h/o abortions	9	40.91%
Previous LSCS	12	54.55%
Placental factors	16	72.73%
Obstructed labor	5	22.73%

Table no.4 : Indications of hysterectomy**n=22**

S No	No of cases	Percentage
Abruptio placentae	5	22.73%
Placentae previa without invasion	5	22.73%
Placenta previa with invasion	6	27.27%
Rupture uterus	3	13.64%
PPH	3	13.64%

Table no .5 Complications in the patients who undergone Peripartam Hysterectomy

	Present	Percentage
Need for blood transfusion	22	100%
Bladder injury	3	13.64%
ICU Admissions	18	81.82%

Coagulopathy	02	09.09%
Renal failure	06	27.27%
Multiorgan failure	05	22.73%
Perinatal death	16	72.73%
Maternal death	5	22.73%

Discussion:

In our study the incidence of emergency peripartam hysterectomy is 0.76%. Out of the 107 patients admitted in our department with Antepartam haemorrhage, postpartum haemorrhage and Rupture uterus, 22 patients landed up in hysterectomy. The incidence of peripartam hysterectomy is high in our study as compared to studies done by Patil R et al¹³(0.146%), Bodelon C et al¹⁴(0.06%), Owolabi MS et al¹⁵(0.08%) and Pradhan M et al¹⁶(0.22%). The increase in incidence of peripartam hysterectomy in our institution is because this is a tertiary care hospital and un-booked patients are referred to our institution in very critical conditions. Maximum patients in our study who underwent caesarean hysterectomy were in the age group of 31—35 yrs (40.91%) followed by 26—30 yrs (31.82%) and 36—40 (18.18%) respectively. Our study has shown that parity has influence on the procedure, i.e. as the parity increases chances of hysterectomy also increase. In this study 31.82% patients with hysterectomy had parity 2, 27.27% with parity 3 and 22.73% with parity 4.

From this study we concluded that the main indication for caesarean hysterectomy in our institution is bleeding due to morbidly adherent placenta, i.e. 27.27%, followed by placenta previa without invasion (22.73%) and abruptio placenta (22.73%). Postpartum haemorrhage due to atonicity and Rupture uterus both responsible for hysterectomy in 13.64% of the patients. The increasing number of morbidly adherent placenta is due to an increase in the number of caesarean deliveries and abortions followed by dilatation and curettage. The decrease in the number of cases of caesarean hysterectomy patients due to atonic PPH is due to the use of active management of the third stage of labor (AMTSL) and availability of uterotonics, use of various procedures including condom catheter, Bakri balloon, systemic devascularisation etc.

Risk factors which lead to an increase in the incidence of caesarean hysterectomy include multiparity (81.82%), prior history of abortions (40.91%), caesarean sections (54.55%) and Placental factors contributed to 72.73% of the cases. Kwee A et al shows that the incidence of placenta accreta, increta and percreta increases as the number of caesarean sections increases¹⁷. Although Peripartam caesarean hysterectomy is a life-saving procedure, this procedure also leads to a number of complications including blood loss leading to multiple blood transfusions, injury to the bladder, need for vasopressors, ICU admissions, perinatal mortality which in turn lead to an increase in maternal morbidity and mortality.

Conclusion:

We concluded from this study that incidence of peripartam hysterectomy is rising because of the injudicious use of caesarean section and illegal abortions followed by dilatation and curetage .This lead to Morbidly adherent placenta . Peripartum caesarean hysterectomy increases maternal morbidity and mortality. To decrease this trend we have to decrease the caesarean section rate . Most of the referral centres does not have the facility of uterine artery embolization. Poor people even if referred to higher centres they do not go because of distance. This facility should be available at referral centres.

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