

Received on 14 May 2016; received in revised form, 19 September 2016; accepted, 27 September 2016; published 31 October 2016

## PREVALENCE OF HYSTERECTOMY IN SOUTH INDIAN POPULATION

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**ABSTRACT: Aim:** The aim of this study is to analyse the prevalence of hysterectomy in South Indian population. **Objective:** To survey about the types, causes and complications of hysterectomy in South Indian women population. **Background:** Hysterectomy is the surgery to remove the uterus. It may also include the removal of cervix, ovaries, Fallopian tubes and other surrounding structures. The survey comprises of the experience of the women with pre and post-surgical experiences. **Reason:** Hysterectomy is common now a day, even in the reproductive age group. So it is important to know about the prevalence/significance of Hysterectomy.

**Keywords:** Hysterectomy, South Indian, cervix, ovaries, Fallopian tubes

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**INTRODUCTION:** In medical terms, hysterectomy is a surgery to remove a woman's uterus (also known as the womb). The uterus is where a baby grows when a woman is pregnant. During the surgery, the whole uterus is usually removed. Your doctor may also remove your fallopian tubes and ovaries. Usually performed by a gynecologist, hysterectomy may be total (removing the body, fundus, and cervix of the uterus; often called "complete") or partial (removal of the uterine body while leaving the cervix intact; also called "supracervical"). It is the most commonly performed gynecological surgical procedure. In 2003, over 600,000 hysterectomies were performed <sup>1</sup>.

Such rates being highest in the industrialized world has led to the major controversy that hysterectomies are being largely performed for unwarranted and unnecessary reasons <sup>2</sup>. Removal of the uterus renders the patient unable to bear children (as does removal of ovaries and fallopian tubes) and has surgical risks as well as long-term effects, so the surgery is normally recommended when other treatment options are not available or have failed. It is expected that the frequency of hysterectomies for non-malignant indications will fall as there are good alternatives in many cases <sup>3</sup>.

**Types:** Hysterectomy, in the literal sense of the word, means merely the removal of the uterus. However, other organs such as ovaries, fallopian tubes, and the cervix are very frequently removed as part of the surgery.

**Radical hysterectomy:** Complete removal of the uterus, cervix, upper vagina, and parametrium. Indicated for cancer. Lymph nodes, ovaries, and

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|  | <p>DOI:<br/>10.13040/IJPSR.0975-8232.IJLSR.2(10).149-52</p> <p>The article can be accessed online on<br/><a href="http://www.ijlsr.com">www.ijlsr.com</a></p> |
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fallopian tubes are also usually removed in this situation, such as in Wertheim's hysterectomy <sup>4</sup>.

**Subtotal Hysterectomy:** Removal of the uterus, leaving the cervix. Total abdominal hysterectomy (TAH) is the removal of the uterus and cervix through an abdominal incision that is 6-8 inches in length. Supracervical or subtotal hysterectomy is the removal of the uterus while sparing the cervix (the opening of the uterus into the vaginal or birth canal). This can be done laparoscopically or via standard surgical incisions. Vaginal hysterectomy is the removal of the uterus and the cervix through the vagina. This procedure involves an incision in the upper vagina. In many cases, the tubes and ovaries can also be removed vaginally.

Laparoscopic hysterectomy (LH) involves removal of the uterus by laparoscopic (minimally invasive) techniques. This procedure requires several tiny incisions below the area of the navel for insertion of the viewing laparoscope and the surgical instruments. For the surgeon to observe the inside of the body clearly, the abdominal cavity is inflated with a gas (usually carbon dioxide). The uterus is then either extracted vaginally or through the small abdominal incisions by division into smaller pieces. Laparoscopy-assisted vaginal hysterectomy (LAVH) is vaginal hysterectomy with the assistance of laparoscopic techniques as described above. Oophorectomy is the surgical removal of the ovary(s); salpingo-oophorectomy refers to is the removal of the ovary(s) and the Fallopian tube(s). These procedures may be performed at the same time as hysterectomy if indicated <sup>5</sup>.

**Background:** Hysterectomy is the most common non-pregnancy-related major surgery performed on women in India. Surgical removal of the uterus, and frequently the ovaries, is widely accepted both by medical professionals and the public as an appropriate treatment for uterine cancer, and for various common non-cancerous uterine conditions that can produce often disabling levels of pain, discomfort, uterine bleeding, emotional distress, and related symptoms. While hysterectomy can alleviate uterine problems, less invasive treatments are available <sup>6</sup>. Oophorectomy (removal of ovaries) is frequently done together with hysterectomy to decrease the risk of ovarian cancer. However, recent studies have shown that prophylactic oophorectomy without an urgent medical indication decreases a woman's long-term survival rates substantially and has other serious adverse effects <sup>7, 8</sup>. This effect is not limited to pre-menopausal women; even women who have already entered menopause were shown to have experienced a decrease in long-term survivability post-oophorectomy <sup>9, 10</sup>.

**MATERIALS AND METHODS:** This survey was conducted to evaluate the prevalence of hysterectomy in South Indian population. This survey was conducted among women who had undergone hysterectomy using a self-administered questionnaire to investigate participants to analyze the causes, types, and complications of hysterectomy. A total of 50 women's completed the survey. A questionnaire consisting of 13 questions was used.

**Statistic Analysis:**

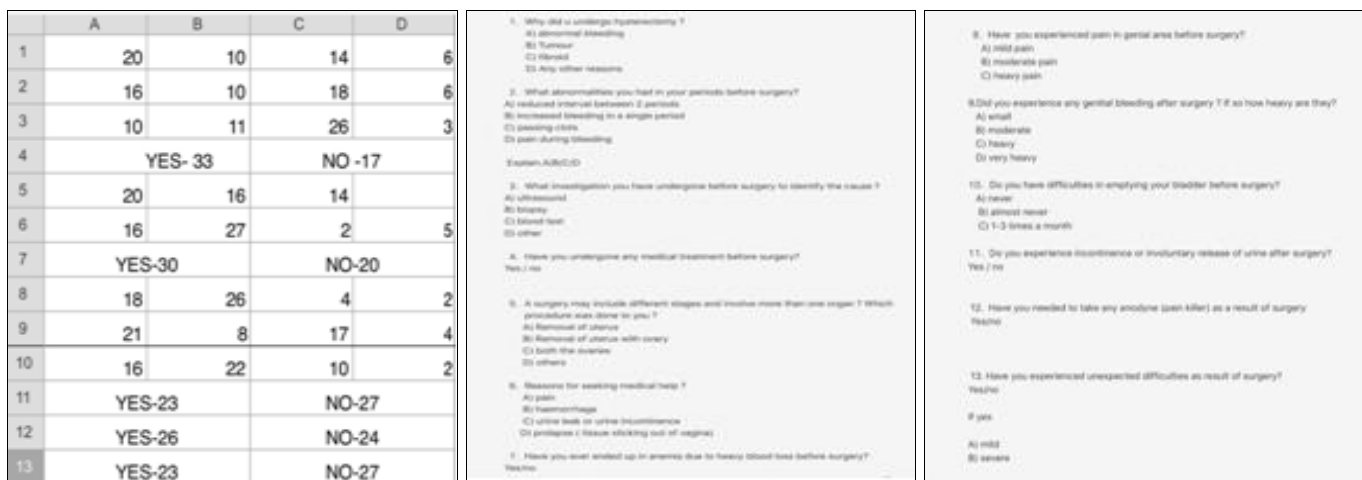


FIG. 1: STATISTIC ANALYSIS

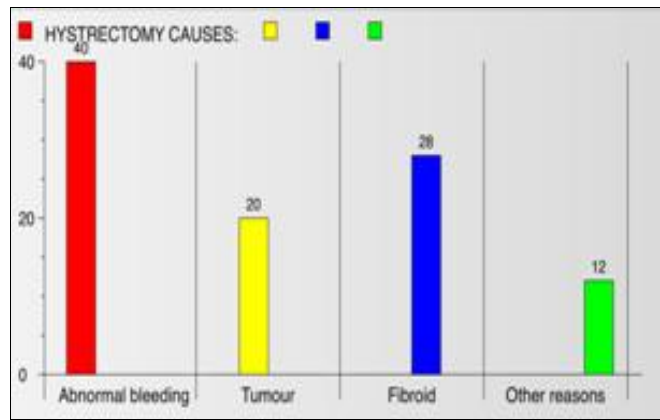


FIG. 2: HYSTRECTOMY CAUSES

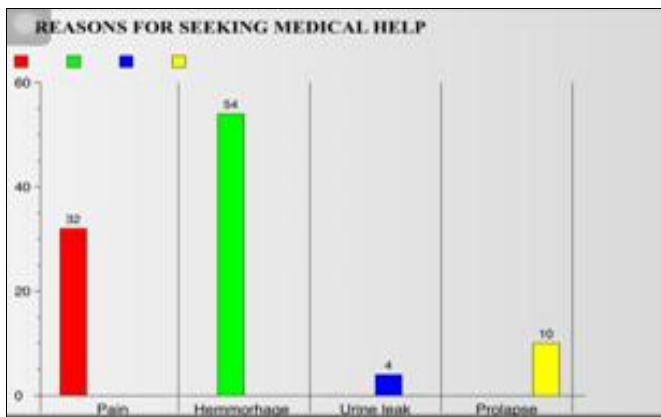


FIG. 3: REASON FOR SEEKING MEDICAL HELP

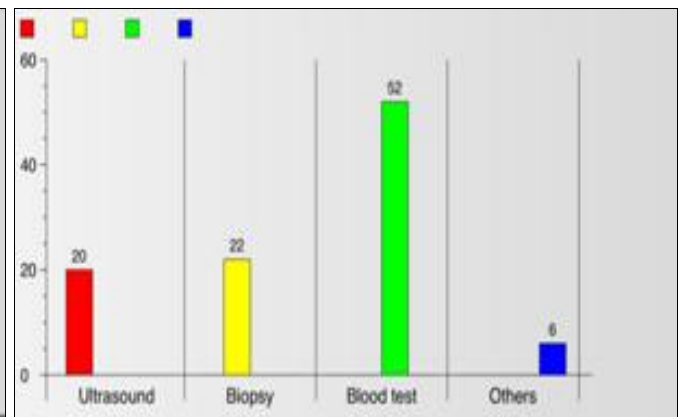


FIG. 4: DIAGONOSTIC REPORT

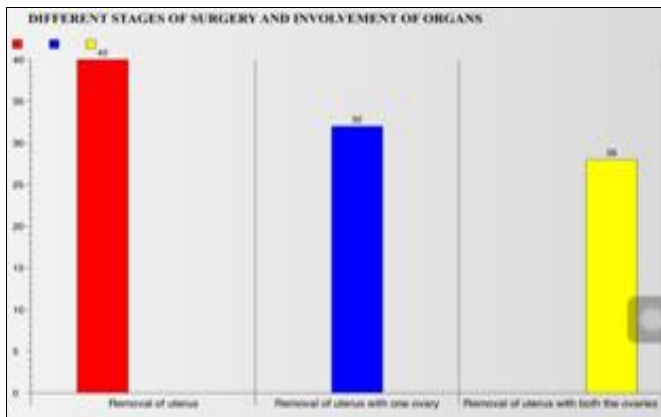


FIG. 5: DIFFERENT STAGES OF DURGERY AND ENVOLVEMENT OF ORGANS

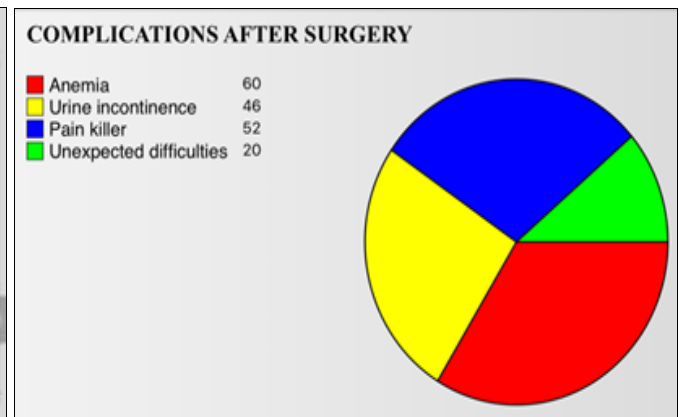


FIG. 6: COMPLICATIONS AFTER SURGERY

**RESULTS AND DISCUSSION:** According to the survey, the causes of hysterectomy are mentioned differently. 40% of the hysterectomy was due to abnormal bleeding. 20 % is due to tumor 28% is due to the fibroid, and 12% is due to other reasons. The investigations undergone to identify the cause are 20% ultrasound, 22% biopsy, and 52% blood test. Different stages of surgery and involvement of organs included: for 40% of women only removal of the uterus, 32% of women removal of the uterus with the ovary, 28% of women removal of the

uterus with both the ovaries. 32% of the women sought medical help due to pain, 54% of the women sought medical help due to hemorrhage, 4% due to urine leak, and 10% due to prolapse.

60% of the women ended up in anemia due to heavy blood loss before surgery. 46% of women had experienced urine incontinence as a result of surgery. 52% of women took a pain killer as a result of surgery. These results are shown in the above table.

**CONCLUSION:** Hysterectomy has become one of the major surgeries all over the world. From this survey, we came to know the prevalence of hysterectomy. The various causes of hysterectomy, the various types of hysterectomy, the multiple investigations to diagnose hysterectomy, what are the changes before and after the surgery, complications as a result of surgery, post-surgical complications. In this survey, the major cause of hysterectomy was due to abnormal bleeding (40%).

For the majority of women, the organ removed was uterus without ovary (40%). For others, it included uterus along with ovary. Most of the women sought medical help due to haemorrhage (54%). Anemia was found to be the major complication as a result of surgery (60%).

**ACKNOWLEDGEMENT:** Nil

**CONFLICT OF INTEREST:** Nil

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#### How to cite this article:

Kalaiselvi R and Brundha MD: Prevalence of hysterectomy in South Indian population. *Int J Life Sci & Rev* 2016; 2(10): 149-52. doi: 10.13040/IJPSR.0975-8232.IJLSR.2(10).149-52.

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