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Original Research Article

TO COMPARE VAGINAL AND ABDOMINAL HYSTERECTOMY IN UNDESCENDED UTERUS FOR BENIGN GYNAECOLOGICAL CONDITIONS IN TERMS OF MORBIDITY, HOSPITAL STAY AND RECOVERY

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Abstract

Background & Method: This is a prospective comparative study, conducted on the patients admitted to department of Obstetrics and Gynaecology, index medical college, Indore (M.P.), on 100 patients requiring hysterectomy for benign diseases in absence of prolapse. A minimum of 50 patients in each group has been taken. All the patients are followed up for atleast 3 months.

Result: 8 cases (16%) in NDVH group and 8 cases (16%) in TAH group had fever >38oc post operatively. When the febrile morbidity was compared between the two groups, p value obtained was 0.037, which was statistically not significant. Fever occurred more frequently in TAH than in NDVH group.

Conclusion: Vaginal hysterectomy is associated with less blood loss during surgery and decreased post operative morbidity when compared to total abdominal hysterectomy. There is no significant difference in other intra operative complications between the two groups. One hundred patients requiring hysterectomy for gynecological disorders without prolapse were included in the study. 50 underwent hysterectomy by vaginal route whereas 50 by abdominal route. These cases were assessed in terms of duration of surgery, blood loss, intraoperative and post-operative complications.

Keywords: vaginal, abdominal, hysterectomy & gynaecological.

Introduction

Hysterectomy is currently one of the most common gynaecological surgical procedures[1]. Amongst all three approaches to remove uterus-open abdominal, vaginal and laparoscopic, each has its own set of risks and benefits. The route of hysterectomy depends on factors like uterine size, descent of uterus, history of past surgical procedures, and patient's personal preferences. Total abdominal hysterectomy (TAH) is one of the most common gynaecological surgical procedures in the treatment of benign gynaecological diseases. TAH is the most invasive procedure, as it is associated with some limitations such as abdominal trauma, intraoperative and postoperative complications, slow postoperative recovery[2].

Compared with traditional open gynaecological surgeries, minimally invasive gynaecological surgery provides less postoperative pain, more rapid recovery, and shorter hospital stay[3]. Vaginal hysterectomy (VH) is also the method of choice for removal of the uterus in patients with benign gynaecological diseases[4]. It has some advantages over TAH procedure, like less complications, shorter hospital stay, and faster recovery[5].

This study will allow the comparison between non descent vaginal hysterectomy and abdominal hysterectomy for benign gynaecological condition pertaining to various aspects such as anaesthesia, duration of surgery, intraoperative complications , length of hospital stay, blood loss, first post operative flatus time, rate of conversion to laparotomy, post-operative morbidity, and complications.

Material & Method

This is a prospective comparative study, conducted on the patients admitted to department of Obstetrics and Gynaecology, index medical college, Indore (M.P.) from January 2020- July 2021, on 100 patients requiring hysterectomy for benign diseases in absence of prolapse. A minimum of 50 patients in each group has been taken. All the patients are followed up for atleast 3 months.

Methods of Collection of Data:

Methodology: The patients on whom hysterectomy is decided for various Gynaecological problems and who fulfill the inclusions and exclusions criteria are divided into two groups. One group will be operated abdominally and the other group vaginally, study was conducted from January 2017 to July 2018 at Gynaecology Patients At IMCHRC, Indore (M.P) with Sample Size: A Minimum of 50 Patients in Each Group.

- **Inclusion Criteria:**

- Uterine Benign Diseases Such As Uterine Fibroids, CIN II, III Adenomyosis, Dub Without Any Descent And With No Adnexal Pathology.
- Uterine Size <12wks.
- Patients Who Gave Their Informed Consent to Participate.

Exclusion Criteria:

- Malignant Cancers.
- Uterus Size >12wks.
- No Adnexal Pathology.
- Patients with Uterovaginal Prolapse.
- History of Major Abdominal Surgery.

Results

Table 1: AGE

AGE	NDVH	TAH
31-40	26	32
41-50	72	64
51-60	2	4

Mean age in NDVH group (study group A): 44 yrs, Mean age in TAH group (study group B): 44 yrs, The present study included 100 women undergoing hysterectomy, 50 were subjected to vaginal hysterectomy and 50 were subjected to abdominal hysterectomy. In this study majority of the patients were in the range of 41-50 years. The cases were equally distributed age wise in both the groups. In the vaginal group, minimum age was 35 and maximum age was 50. In the abdominal group, minimum age was 35 and maximum age was 55. Mean age in the vaginal group is 43.740 and 44.160 in the abdominal group.

Table 2: Parity

Parity	NDVH		TAH	
	No.	%	No.	%
1	0	0	14	28
2	19	38	14	28
3	20	40	14	28
4	10	20	8	16
5	01	02	0	0

Mean parity is NDVH 2.86 and TAH 2.32. Mean duration of hospital stay in NDVH: 6.50 days. Mean duration of hospital stay in TAH :7.68 days. T value: 5.21P value: 0.00 The difference in the duration of hospital stay when then 2 groups were compared was found to be statistically significant with a p value 0.00. less duration of hospital stay is found in NDVH.

Table 3: FEBRILE MORBIDITY

Types of surgery	No. of cases		cc value	p value
	With fever	Without fever		
NDVH	8(16%)	42(84%)	0.273	0.152
TAH	8(16%)	42(84%)		

8 cases (16%) in NDVH group and 8 cases (16%) in TAH group had fever >38oc post operatively. When the febrile morbidity was compared between the two groups, p value obtained was 0.037, which was statistically not significant. Fever occurred more frequently in TAH than in NDVH group.

Discussion

TABLE 4:

Study by	NDVH	TAH
Present study	6.5	7.6
S. Taylor	2.6	3.9
Pradeep Kumar Garg	1.2	4.3
Singh Abha et al	3.54	8.18

The difference in the duration of hospital stay when the two groups were compared was found to be statistically significant with a p value of 0.000.

Length of hospital stay was significantly decreased with NDVH group (mean 2.6 vs 3.9) ($p<0.001$) compared to TAH group in the study conducted by s. Taylor and co-workers[6].

Similarly mean duration of hospital stay in NDVH group was 1.2 day whereas it was 4.3 days for TAH group in the study conducted by Pradeep Kumar Garg and co-worker.

In the study by Singh Abha et al the hospital stay was statistically significant with p value 0.01. Shorter duration of hospital stay following NDVH was proved beyond doubt by Dewan Rupali and co-workers. Shailesh Kour and co-workers, Doucette and co-workers through their studies[7].

In our study 16% patients in NDVH group and 16% patients in the TAH group had fever >380c postoperatively. When this was compared, the p value obtained was 0.152 which was statistically not significant. The incidence of febrile morbidity was 11.5% and 17.6% respectively in the NDVH group and TAH group in the study conducted by Pradeep Kumar Garg and co-workers. This study was statistically significant and also proven by Andersen TF and co-workers[8].

Conclusion

Vaginal hysterectomy is associated with less blood loss during surgery and decreased post operative morbidity when compared to total abdominal hysterectomy. There is no significant difference in other intra operative complications between the two groups. One hundred patients requiring hysterectomy for gynecological disorders without prolapse were included in the study. 50 underwent hysterectomy by vaginal route whereas 50 by abdominal route. These cases were assessed in terms of duration of surgery, blood loss, intraoperative and post-operative complications.

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