



ORIGINAL RESEARCH PAPER

Gynaecology

COMPARATIVE STUDY OF TOTAL ABDOMINAL HYSTERECTOMY AND NON-DESCENT VAGINAL HYSTERECTOMY IN WOMEN WITH AUB

KEY WORDS: Abdominal hysterectomy, Non descent vaginal hysterectomy.

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ABSTRACT

Introduction: The uterus is a hormone responsive reproductive organ that supports bladder and bowel. It has essential features throughout a woman's life. Hysterectomy being the surgical removal of all (or) part of uterus is most common surgery performed by gynaecologists next to caesarean section. Although enormous advances have occurred in medical management of number of causes, hysterectomy continues to have its place in its definitiveness. Various approaches have been tried by gynaecologists including TAH and NDVH. **Aims and Objectives:** To compare TAH v/s NDVH in terms of blood loss, intra operative complications, post operative complications and duration of hospital stay. **Materials and Methodology:** It was retrospective study done in department of obstetrics and gynaecology at Mamata General Hospital, Khammam from 2018-2019. Demographic and other relevant data was collected from previous records and analysed. A minimum of 25 patients are included in each group

Group A –TAH

Group B –NDVH

Results: From the data obtained, there are no significant difference in demographic characteristics, indication of surgery in both groups. Intraoperative complications were noted in 8% of patients undergoing NDVH whereas in 20% of patients undergoing TAH. Post-operative complications were noted in 52% and 26% in patients undergoing TAH and NDVH respectively. Duration of hospital stay is less than 5 days in 48% of patients undergoing TAH whereas it is 6% for patients who undergoing NDVH. **Conclusion:** The present study concludes that patients requiring hysterectomy in cases of benign non-prolapsed cases, vaginal route is offered preferably which has quicker recovery, shorter hospitalisation, intra operative and postoperative morbidity.

INTRODUCTION

The uterus is a hormone responsive reproductive organ that supports bladder and bowel. It has essential features throughout a woman's life. Hysterectomy being the surgical removal of all (or) part of uterus is most common surgery performed by gynaecologists next to caesarean section. Although enormous advances have occurred in medical management of number of causes, hysterectomy continues to have its place in its definitiveness. Various approaches have been tried by gynaecologists including Total Abdominal Hysterectomy and Non Descent Vaginal Hysterectomy.

AIMS & OBJECTIVES

To compare Total Abdominal Hysterectomy (TAH) v/s Non Descent Vaginal Hysterectomy (NDVH) in terms of blood loss, intraoperative complications, post operative complications and duration of hospital stay.

MATERIALS AND METHODOLOGY:

It was retrospective study done in department of obstetrics and gynaecology at Mamata General Hospital, Khammam from 2018-2019. Demographic and other relevant data was collected from previous records and analysed.

A minimum of 25 patients are included in each group

Group A –TAH

Group B –NDVH

Inclusion criteria :

- I. Benign non descent uterus
- II. Uterus upto 14weeks size

Exclusion criteria :

- I. Cases of uterine prolapse
- II. Suspected or diagnosed malignancy
- III. Uterus size more than 14weeks size

RESULTS

Table 1: AGEWISE DISTRIBUTION

Age	Group A (TAH) (%)	Group B (NDVH) (%)
40-45	17 (68%)	16 (64%)
46-50	6 (24%)	8 (32%)
51-55	1 (4%)	1 (4%)
56-60	1 (4%)	0
	N=25(100%)	N=25(100%)

Table 2: PARITY

Parity	Group A (TAH)	Group B (NDVH)
P 0	0	1 (4%)
P 1	1 (4%)	0
P 2	7 (28%)	8 (32%)
P 3	15 (60%)	12 (48%)
P 4	2 (8%)	4 (16%)
	N=25(100%)	N=25(100%)

Table 3: INDICATIONS FOR HYSTERECTOMY

	Group A TAH	Group B NDVH
Polyp(P)	1 (4%)	3 (12%)
Adenomyosis(A)	2 (8%)	0
Leiomyoma(L)	17 (68%)	11 (44%)
Malignancy and Hyperplasia(M)	-	-
Coagulopathy(C)	-	-
Ovulatory dysfunction(O)	2 (8%)	2 (8%)
Endometrial(E)	3(12%)	9(36%)
Iatrogenic(I)	-	-
Not yet classified(N)	-	-
	N=25(100%)	N=25(100%)

Table 4: SIZE OF UTERUS

Size	Group A TAH	Group B NDVH
Normal size	4 (16%)	6 (24%)
6-8 weeks	8(32%)	13(52%)
9-14 weeks	13(52%)	6(24%)
	N=25(100%)	N=25(100%)

Table 5: INTRAOPERATIVE COMPLICATIONS

	Group A TAH	Group B NDVH
None	12(48%)	21(84%)
Bowel Injuries	0	0
Bladder Injuries	1(4%)	0
Adhesions	12(48%)	4(16%)
	N=25(100%)	N=25(100%)

Table 6: POST OPERATIVE REQUIREMENT OF BLOOD

	Group A TAH	Group B NDVH
Required	8(32%)	2(8%)
Not Required	17(68%)	23(92%)
	N=25(100%)	N=25(100%)

Table 7: POST OPERATIVE COMPLICATIONS

	Group A TAH	Group B NDVH
None	12(48%)	16(64%)
Fever	6(24%)	3(12%)
UTI	2(8%)	4(16%)
Wound infections	3(12%)	0
Respiratory tract infections	2(8%)	2(8%)
Paralytic ileus	0	0
	N=25(100%)	N=25(100%)

Table 8: DURATION OF HOSPITAL STAY

	GROUP A TAH	GROUP B NDVH
<7DAYS	12(48%)	17(68%)
>7DAYS	13(52%)	8(32%)
	N=25(100%)	N=25(100%)

DISCUSSION:

In the present study the mean age of patients in TAH group was 44.7 yrs and in NDVH group it was 44.94 yrs. This is comparable to studies done by Hwang et al, Ribeiro et al, Silva filho et al which showed mean age of 45 years, 42.3 years, 45 years respectively.2

In the present study the mean parity in TAH and NDVH group was 3.58 and 3.46 respectively. This is comparable to Bharatnur S which had mean parity of 3.8 and 3.6 in TAH and NDVH group respectively.3

In the present study mean uterine size in gestational weeks was 9.46 in TAH and 7.84 in NDVH and this is comparable to study of Miskry T which had 7.8 weeks in NDVH as compared to 6.9 weeks in TAH group.4

In our study fibroids were the most common indication in both groups and Endometrial cause was the second most common indication in both groups. In a study by Shanthini NF et al fibroid were the most common indication in TAH group as in our study but in NDVH group DUB was more common indication in Shanthini18 and all other studies.5

In our study bladder injury occurred in TAH group (4%). Somjita C et al also reported equal bladder injury in both groups.21 We had no case of ureteric injury and bowel injury in either groups as in a study of Chakraborty S Somjita et al (08).6

In the present study NDVH cases had less febrile morbidity compared to TAH cases, but UTI was more in NDVH compared

to TAH cases. Modi K et al (07) had finding comparable to our study. We had no case of paralytic ileus in both groups. Wound infection in our study was 12% in TAH which is comparable to Benassi et al (02), Miskry (03), Ray Aloknanda et al (07), Somjita C et al (08)7.

Mean duration of hospital stay was 5.96 days and for TAH group was 9.1 days. Thus NDVH is associated with less duration of hospital stay. Post operative need for blood transfusion is more 32% in TAH group in comparison to NDVH group.

CONCLUSION

From this study it has been concluded that non descent vagina hysterectomy has benefits over abdominal hysterectomy in terms of:

- Cosmetic advantage, as no visible scar.
- Avoids all discomforts of abdominal incision.
- Lesser blood loss
- Lesser post-operative morbidity.
- Lesser intra operative and post-operative complications.
- Smooth post-operative period and faster recovery.
- Short Hospital stay and early discharge.
- Lastly in patients with associated medical problems like diabetes mellitus, hypertension and cardiovascular disease, non-descent vaginal hysterectomy is less invasive, acceptable alternative to abdominal hysterectomy.

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