The profile of hysterectomized women from an urban slum of Hyderabad, Telangana state, India

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ABSTRACT

Background: Hysterectomy is the surgical removal of uterus. It is the second most frequently performed major surgical procedures on women all over the world, next only to caesarean section.

Methods: A community based cross sectional study was done in an urban slum of Hyderabad, Telangana State. A total of 100 post menopausal women were selected for the study by purposive sampling technique. A pre designed, semi structured questionnaire was used to get the relevant information. Data entry was done using Microsoft Excel 2010 and analysis using EPI INFO version 7.

Results: Among those women who underwent hysterectomy (n=75), majority (n=53 [71%]) had abdominal hysterectomy and the mean age at which hysterectomy done was 41.875±6.7 years. The most common indication for hysterectomy was dysfunctional uterine bleeding (DUB) (44%) followed by fibroid uterus (36.6%) and utero vaginal prolapse (17.3%).

Conclusions: Among the study population it is found, a majority of women underwent hysterectomy at an early age and more than one third had experienced some kind of long term complications post operatively.

Keywords: Hysterectomy, Community based, Age, Indication, Complications

INTRODUCTION

Hysterectomy is the surgical removal of uterus. It is the second most frequently performed major surgical procedures on women all over the world, next only to caesarean section. It is estimated that by the age of 60 years, approximately one third of women in the USA have had a hysterectomy.1

Apart from few population based studies, there is no national level survey done in India which gives us the prevalence of hysterectomy in India. And there have been several news reports and case studies done which indicated that women were being subjected to hysterectomy in an unscrupulous way for the health conditions which doesn’t warrant surgical treatment. Indications for hysterectomy can be (i) benign conditions (menorrhagia, adenomyosis, endometriosis, prolapse) or (ii) malignant conditions (cancer cervix, Ca endometrium, Ca ovary) or (iii) Obstetric (rupture uterus, molar pregnancy, post-partum hemorrhage).

Hysterectomy can be performed either abdominally, vaginally or through laparoscopic method. Abdominal hysterectomy includes total hysterectomy, subtotal hysterectomy when the cervix is retained, pan-hysterectomy when ovaries are also removed and Extended & Wertheim hysterectomy in cancer of the cervix and uterine cancer. Total hysterectomy with bilateral salpingo oophorectomy is where the uterus, cervix with tubes, and ovaries are removed. With this, there is a sudden onset of menopause. This is generally recommended as preventive measure for ovarian cancer. However, ovarian cancer is quite rare and accounts for...
only 3% of the cancers and about 1% of deaths in women. Removal of ovaries is not recommended as it increases the woman’s overall risk of death by 40%. Post-menopausal ovaries produce androgens that can convert into estrogens to protect the bone and blood vessels.\(^2\)

As any other surgery, hysterectomy is also associated with intraoperative and post-operative complications such as haemorrhage, trauma to bladder, ureter & bowel infection. Rates of various complications with hysterectomy have been reported in the range from 0.5% to 43%.\(^3\)

**METHODS**

A community based cross sectional study was done in an urban slum of Hyderabad, Telangana State. The selected slum was in the area of Lungerhouze which is under the urban field practice area of department of Community Medicine, Bhaskar Medical College, Rangareddy District, Telangana.

An informed consent was taken prior to start of the study and confidentiality was ensured. A pre-designed, semi structured questionnaire was used to get the relevant information. Necessary changes were made to the study tool after a pilot study. Questionnaire had questions related to socio demographic data, type of menopause, indications of hysterectomy, complications post operatively.

Data collection was done using the interview technique. A total of 100 post menopausal women were selected for the study by purposive sampling technique. Data entry was done using Microsoft Excel 2010 and analysis using EPI INFO version 7. Data was summarized in percentages and proportions.

**RESULTS**

**Socio demographic details**

The mean age of the respondents was 53.09±11.63 years with majority (48.5%) in the age group of 41-50 years. Majority (85%) were Hindus and belonged to Nuclear family (65.6%). Nearly one third of the respondents were illiterates and more than two thirds (71%) were home maker by occupation. With regards to socio economic status, 43.7% belonged to class III followed by class IV (34.3%).

**Menopause and hysterectomy**

The mean menopausal age of the study population was 43.12±6.74 years. With regards to age of onset of menopause, majority (43.7%) were in 41-50 years age group.

Among the women under study, three fourth (75%) had surgical menopause by hysterectomy and only one fourth (25%) had natural menopause. Among those women who underwent hysterectomy (n=75), majority (n=53 [71%]) had abdominal hysterectomy, followed by vaginal (n=16 [21%]) and laparoscopic hysterectomy (n=6 [8%]). The mean age at which hysterectomy done was 41.875±6.7 years with almost 30% (n=23) underwent hysterectomy in less than 40 years age.

**Table 1: Hysterectomy.**

| Hysterectomy            | Frequency | Percentage |
|-------------------------|-----------|------------|
| Natural menopause       | 25        | 25%        |
| Surgical menopause      | 75        | 75%        |
| **Type of hysterectomy (n=75)** |           |            |
| Abdominal Hysterectomy  | 53        | 71%        |
| Vaginal Hysterectomy    | 16        | 21%        |
| Laparoscopic hysterectomy| 06        | 08%        |
| **Age at hysterectomy** |           |            |
| <40 years               | 23        | 30.6%      |
| 41-50 years             | 38        | 50.7%      |
| >50 years               | 14        | 18.7%      |
| **Mean age at hysterectomy done** | 41.875±6.7 | years |

**Indication of hysterectomy**

The most common indication for hysterectomy was dysfunctional uterine bleeding (DUB) (44%) followed by fibroid uterus (30.6%) and utero vaginal prolapse (17.3%). Other indications were endometriosis (4%), adenomyosis (2.7%), chronic Pelvic Inflammatory Disease (PID) (2.7%). One case underwent hysterectomy post caesarean due to rupture uterus.

**Operative & post operative**

Majority (91.8%, n=69) women underwent hysterectomy in private hospitals and only 8.2% (n=6) underwent in government hospitals. Among the cases, only 20.8% (n=15) underwent through Aarogyasri health insurance scheme.

The mean duration of stay in hospital was 6.75±2.7 days. The mean amount spent for hysterectomy was Rs 32,684. Immediate complications post operatively: Fever was seen in about 15.4% post operatively, pain in 12.7%, bleeding in about 8% and retention of urine in about 6% of cases. In one case there was wound infection.

Long term complications: About 65% of the respondents had no long term complications post operatively. In among those who had long term complications, hot flushes and mood swings (18.5%) were commonly reported.

Other non specific complaints such as back pain, muscle and joint pains, incontinence, weakness and weight pain were also reported.
Table 2: Indications of hysterectomy.

| Indications                                | Frequency | Percentage |
|--------------------------------------------|-----------|------------|
| Dysfunctional uterine bleeding (DUB)       | 33        | 44%        |
| Fibroid uterus                             | 23        | 30.6%      |
| Utero vaginal prolapse                      | 13        | 17.3%      |
| Endometriosis                              | 03        | 4%         |
| Chronic Pelvic Inflammatory Disease (PID)  | 02        | 2.7%       |
| Adenomyosis                                | 02        | 2.7%       |
| Ruptured uterus                            | 01        | 1.3%       |

*Percentage exceeds 100% as some women had more than one indication

**DISCUSSION**

**Age at hysterectomy**

The mean age at which hysterectomy done was 41.87±6.7 years with almost 30% (n=23) underwent hysterectomy in less than 40 years age. High percentage of women underwent hysterectomy at an early age. Similar findings were seen in Pranita M et al where the mean age was found to be 40.26 years and the most common age group undergoing hysterectomy appeared to be 40-49 years.\(^5\) In the study by Deeksha P et al, mean age of women undergoing hysterectomy was 48±9.9 years.\(^5\)

**Type of hysterectomy**

In the present study, majority (71%) had abdominal hysterectomy, 21% vaginal and 8% laparoscopic hysterectomy which is in concurrence with study by Deeksha P et al where most common surgical approach was abdominal (74.7%), followed by vaginal (17.8%), and laparoscopic(6.6%).\(^5\) In the present study, majority (91.8%, n=69) women preferred hysterectomy in private hospitals instead of Govt. hospitals and through Aarogyasri scheme, which reflects non utilization and underutilization by the beneficiaries in the community.

The mean duration of stay in hospital was 6.75±2.7 days. The average amount spent for hysterectomy was Rs 32,684. Study by Singh A and Arora A found that in half the cases hysterectomy was done in private hospitals.\(^6\) Hospital stay was for 8-15 days in 73% cases. In 50% cases more than Rs.10000/- were spent on operation.

**Indication for hysterectomy**

In the present study, most common indication for hysterectomy was dysfunctional uterine bleeding (DUB) (44%) followed by fibroid uterus (30.6%) and utero vaginal prolapse (17.3%). Similar kind of results were seen in Radha K et al where most common indication for hysterectomy was found to be fibroid (45%), followed by menorrhagia (31%).\(^7\) Other indications were prolapsed (10.3%), chronic PID (5.1%), endometrial dysplasia (5.1%) and cervical dysplasia (3.4%). In the study by Deeksha P et al, the most common indication observed for hysterectomy was symptomatic fibroid uterus (39.9%), followed by uterovaginal prolapse (16.3%).\(^5\) Other indications were dysfunctional uterine bleeding (DUB) (8.1%), adenomyosis (3.9%), endometriosis (1.3%). Sudeepa D et al found that the common indications of hysterectomy were Uterine prolapse (36%), fibroid (21%), dysfunctional uterine bleeding (17%).\(^8\)

**Post-operative complications**

In the present study a few women experienced the long term complications that include hot flushes and mood swings and other nonspecific complaints in addition to the immediate post-operative complications. In Radha K et al study, 15.5% reported immediate and long term complications of hysterectomy of which hot flushes, mood disturbances and panic attacks occurring in majority.\(^7\) Another study by Sardeshpande Nilangi N found that majority reported health problems after surgery.\(^9\) In few cases, there was no relief from the problems. Back pain and weight pain was commonly reported.

**CONCLUSION**

Among the study population, it is found, a majority of women underwent hysterectomy at an early age and more than one third had experienced some kind of long term complications post operatively. Pre surgery counselling sessions about the possible consequences due to hormonal imbalances must be given. Non utilization or underutilization of the available Government health care facilities by the beneficiaries in the community need introspection and extra efforts need to be put in by public health professionals.

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