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A STUDY ON LAPROSCOPIC ASSISSTED VAGINAL HYSTERECTOMY

Anaesthesiology

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ABSTRACT

OBJECTIVE: To evaluate the role of LAVH in gynaecological practice and its safety and feasibility for benign gynecological conditions.
Method: The present study is prospective study of 25 cases of LAVH from March 2015 to December 2016 in department of obstetrics and gynecology in SMS Medical College, Jaipur, Rajasthan. The analysis was done on the basis of the following: age, parity, indication, blood loss, length of hospital stay, and complications.
Result: Mean age of the patient in this study is 42.92 ± 6.677 years. The commonest indication for hysterectomy was DUB (52%).Mean blood loss in this study was 74.52 ± 11.11 ml. Mean hospital stay in this study was 4.68 ± 0.69 days.
Conclusion: with Less hostpital stay ,less need of blood transfusion ,less invasive procedure , favours this route of hysterectomy. Direct cost of the LAVH may be high but overall cost benefit analysis is favorable for LAVH.

KEYWORDS

laproscopic assissted vaginal Hysterectomy (LAVH), Benign gynecological conditions, recovery.

INTRODUCTION

Hysterectomy, abdominal or vaginal or laparoscopic assisted vaginal hysterectomy is by far the most frequently performed elective major operation in Gynaecology.The most recent analysis of health care cost and utilization project data showed that abdominal hysterectomy was performed in 66% of cases, by vaginal route in 21.8% and laparoscopic route by11.8%.[1] The VALUE Study[2] suggested that 67% of surgeons still used the abdominal approach as the operation of choice, particularly when dealing with pelvic pathology or carrying out oophorectomy.

Laparoscopic surgery, also called minimally invasive surgery (MIS), is a modern surgical technique in which operations are performed far from their location through small incisions (usually 0.5–1.5 cm). The study also opens up a chapter that LAVH should be included in the surgical training programme to keep them up to date with this surgery.

MATERIAL & METHODS

It was a randomized prospective study, conducted in Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur from March 2015 to December 2016. The study was performed among 25 women requiring hysterectomy for benign uterine conditions.The route of hysterectomy is guided by the surgical indication for hysterectomy, patient anatomy, data that support the selected procedure, informed patient preference, and the surgeon's expertise.

SELECTION CRITERIA

INCLUSION CRITERIA

- Uterus without descent and with good mobility
- DU
- Fibroid uterus < 12 week size
- Recurrent PID
- Adenomyosis
- Dysplasia
- Endometrial atypia

MATERIAL & METHODS

EXCLUSION CRITERIA

- Uterine prolapse
- Pelvic adhesion
- Associated adnexal pathology or Adnexal mass
- Vaginal stenosis,
- History of 2 or more abdominal surgeries or pelvic organ surgeries

METHOD

Detailed history was taken and complete physical as well as pelvic examination was done. Routine blood and systemic investigation was done. A written informed consent was taken from all patients after explaining the procedure and special consent for conversion to abdominal hysterectomy if needed was taken. The analysis was done on the basis of the following: age, parity, indication, operative time, blood loss, length of hospital stay, and complications.

RESULTS:

Mean age of the patient in this study is 42.92 ± 6.677 years. Minimum age was 34 years and maximum age was 58 years. The commonest indication for hysterectomy was dub (52 %). Other indications were fibroid, chronic pelvic pain, endometrial hyperplasia . Mean blood loss in this study was 74.52 ± 11.11 ml. mean hospital stay in this study was 4.68 ± 0.69 days.

DISCUSSION-

Total 25 patients were included in the study. Majority of the patients were above the 40 years age group with mean age of 42.9 years in this study. this was concordance with result of other studies. Mc Cracken et al[3] studied 47 patients of LAVH, with mean age of 43 years. Goswami d et al[4] found mean age of 43.5 ± 5.7 for LAVH patients. Mean age in LAVH in study by C. Ottosen et al.[5] was 48 years. Mean blood loss in this study was 74.52 ± 11.11 ml. Mean hospital stay in this study was 4.68 ± 0.69 days.

Mean duration of hospitalization was 8.2 ±1.7 days in study by Goswami d et al[4] and 3.1 ± 1 4 days in study by C. Ottosen et al.[5] reduce duration of hospitalization reduces the cost of the surgery. It is not surprising that patients reported less discomfort and faster recovery in the immediate post-operative period.

Main indication of the hysterectomy in this study was DUB. DUB was also most common indication of LAVH in study by Goswami d et al[4] while Uterine leiomyomas was most common indication in study by C. Ottosen et al.[5]

In this study, 2 patients out of 25 recquire blood transfusion. Mc Cracken et al[1] found 3 cases of blood transfusion out of 47 cases of LAVH.

CONCLUSION :

Less intra-operative blood loss, low postoperative complications, faster recovery, less hospital stay demonstrated in this study fovours lavh as least invasive , safe and effective procedure for benign

disorders of uterus. Direct cost of the LAVH may be high but overall cost benefit analysis is favorable for LAVH. Educational programmes should train gynaecologist to this basic surgery.

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Table 1: Indication of LAVH

Indication	Number	Percentage
DUB	13	52%
Fibroid Uterus	7	28%
Chronic Pelvic Pain	1	4%
Adenomyosis	3	12%
Endometrial hyperplasia	1	4%

Table 2 : Operative Blood Loss (in ml)

Group	N	Mean (ml)	Std. Deviation
LAVH	25	74.52	11.11

Table 3: Hospital Stay (In Days)

Group	n	Mean (days)	Std. Deviation
LAVH	25	4.68	0.69

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