A STUDY ON NON DESCENT VAGINAL HYSTERECTOMY (NDVH) PROFILE

Gynecology

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ABSTRACT

Aims and objectives: The objective of this study was to study the profile of patient undergoing NDVH. There is good post operative outcome and compliance with less post operative morbidity noted in NDVH .

Materials and Methods: This is a prospective study of patients admitted and underwent NDVH in Mahila Chikitsalaya, SMS medical college, Jaipur between march 2015 and December 2016. Total 25 patients were studied. Data collection and analysis done.

Results: Most common indication of NDVH was DUB. Mean duration of procedure was 58.08 minutes with standard deviation of 8.53 min. Fever was most common complication and present in 12 % of patients. Mean hospital stay in the study was 4.84 days.

Conclusion: NDVH is associated with less post operative morbidity with less hospital stay. NDVH is commonly done for dub.

KEYWORDS

Non descent vaginal hysterectomy, indication, recovery.

INTRODUCTION

The word hysterectomy comes from Greek word "hystera" means "womb" and "ektomia" means "a cutting out of." Hysterectomy is the most common surgery performed by the gynaecologist.[1]

vaginal hysterectomy should be considered first choice if all other factors are equal. Patient undergoing vaginal hysterectomy have faster recovery and reduced hospital stay. Symptomatic leiomyoma and pelvic organ prolapse is the most common indication of hysterectomy .

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%.[2]

The study also opens up a chapter that NDVH must be included in the practical surgical training programme of every gynaecologist to keep them up to date with the needs of this era.

MATERIALS & METHODS

This is a prospective case study carried out in Mahila Chikitsalaya, SMS Medical College, Jaipur from march 2015 to December 2016. Twenty five women scheduled for NDVH hysterectomy for benign conditions of uterus were included. Data analysis was done.

INCLUSION CRITERIA
*   Uterus without descent and with good mobility
*   DUB
*   Fibroid uterus < 12 week size
*   Recurrent PID
*   Adenomyosis
*   Dysplasia
*   Endometrial atypia

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
*   women not giving the consent.
*   Malignant condition of uterus and cervix

Detailed history was taken and complete physical as well as pelvic examination was done. Socio economic status was determined as per modified B.G. Prasad classification of 2014. 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.

RESULTS

Table 1: Distribution of Study Population According to Age

Age group (in years)	Group A NDVH	
	Numbers	Percentage
30-39	8	32%
40-49	13	52%
50+	4	16%

Age of patients were in range of 35- 62 years. Majority of patients (52 %) were in age group 40-49 years.

Table 2 : Distribution of Study Population According to Religion

Religion	Group A (NDVH)	
	Numbers	Percentage
Hindu	22	88%
Muslim	3	12%

Majority 88% of women were hindu. this may be due to fact that majority of public in rajasthan state is hindu.

Table 3: Distribution of Study Population According to Residence

Locality	Group A (NDVH)	
	Numbers	Percentage
Urban	13	52%
Rural	12	48%

Out of total 25 women, 52 % were urban and 48% were rural.

Table 4: Distribution of Study Population According to Socio-Economic Status (According to modified BG PRASAD classification)

Socio-Economic Status	Group A (NDVH)	
	Numbers	Percentage
I	2	8%
II	2	8%
III	11	44%
IV	6	24%
V	4	16%

Majority of public is class III socio economic class.

Table 5: Distribution of Study Population According to Literacy Status

Literacy status	NDVH	
	Numbers	Percentage
Literate	15	60%
Illiterate	10	40%

60 % women in study population were literate and 40% were illiterate.

Table 6: Distribution of Study Population According to Parity

Parity	Group A		Group B	
	Numbers	Percentage	Numbers	Percentage
1	0	0%	0	0%
2	8	32%	6	24%
3	9	36%	10	40%
≥4	8	32%	9	36%

Majority(40 %) of women were multiparous with parity three .

Table 7: Distribution of Study Population According to Indication of Hysterectomy

History of Medical Illness	Group A (NDVH)	
	Number	Percentage
DUB	13	52%
Fibroid Uterus	6	24%
Chronic Pelvic Pain	2	8%
Adenomyosis	2	8%
Endometrial hyperplasia	2	8%

Most common indication of NDVH was dub .

Table 8: Distribution of Study Population According to Operative Time

Group	N	Mean (Minutes)	Std. Deviation
NDVH	25	58.08	8.53

Mean duration of procedure was 58.08 minutes with sd of 8.53 min.

Table 9: Distribution of Study Population According to Post Operative Complication

Post Operative Complication	Group A (NDVH)	
	Number	Percentage
Fever	3	12%
UTI	1	4%

Fever was most common complication and present in 12 % of patients.

Table 10: Distribution of Study Population According to Hospital Stay (In Days)

Group	N	Mean (days)	Std. Deviation
NDVH	25	4.84	0.89

Mean hospital stay in the NDVH was 4.84 days.

DISCUSSION
It was a randomized prospective study, conducted in Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur from March 2015 to December 2016. Result were noted which are discussed below.

As shown in table 1 mean age of study women was (42.56 yrs). In study population, youngest patient was 35 yr old and oldest patient was 62 yr old. Most of the patients belonged to age group 40-49 yrs.

Table 11 : Mean age for NDVH in other studies .

Sr. No.	Study	Mean age for NDHV (years)
1	Raxita Patel et al[3] (2014)	42.07
2	G McCracken et al[4] (2006)	48.3
3	Ray Garr et al[5] (2004)	40.8
4	Nurun Nahar Khanam et al[6] (2009)	44.2±4.0
5	Christian Ottosen et al[7] (2000)	49
6	Panda Sandhyasri[8] (2015)	41.44
7	Goswami et al[9] (2016)	41.5 (6.2)

Table 7 shows that 0 (0%) were primipara, 17 cases (68%) were having parity 2-3, 8 (32%) were parity ≥ 4 in NDVH group . Majority of patients are having parity 3.

De Reena et al.10 (2014) also found in her study that most of the patients of NDVH group belonged to parity P3.

Table – 9 shows that in our study main indications of NDVH were DUB (52%), fibroid uterus (24%) in NDVH group.

Goswami et al9 (2016) also found that most common indication in NDVH group was DUB and fibroid uterus. De Reena et al10 (2014) found DUB and Nur Nahar Khanam et al28 found fibroid uterus as the commonest indication of NDVH.

Table -11 shows that mean operative time in study population was 58.08 min. In NDVH , Longest time was 84 min and shortest time was 44 min.

Table 12 : Mean operative time for NDVH in other studies.

S. No.	Study	Mean operative time for NDHV (minutes)
1	Nurun Nahar Khanam et al[6] (2009)	81.7±10.2
2	Raxita Patel et al[3] (2014)	97.71
3	Panda Sandhyasri[8] (2015)	64.14±10.69
4	Christian Ottosen et al[7] (2000)	81
5	G McCracken et al[4] (2006)	74.4
6	Ray Garr et al[5] (2004)	46.6
7	Goswami et al[9] (2016)	105.8 (32.9)
8	De Reena et al[10] (2014)	65.00±14.04

Table 17 shows that mean hospital stay was in this study was (4.84 days).

Table 13 : Hospital stay in various other studies.

S. No.	Study	Hospital stay (NDVH) Mean ± SD
1	Nurun Nahar Khanam et al[6] (2009)	4.2 ± 0.6
2	Panda Sandhyasri[8] (2015)	5.08 ± 1.11
3	G McCracken et al[30] (2006)	5.9
4	Christian Ottosen[7] (2000)	2.8 (1-6)

SUMMARY AND CONCLUSION
Almost 50% of all patients in this study belonged to age group 40-49 yrs. On comparing residence of patients, 52% of study population were urban. Regarding literacy status of the women undergoing NDVH, 60% (15) patients were literate. The main indication of hysterectomy was DUB. Mean operating time was (58.08 min.).

CONCLUSION
NDVH is associated with less post operative morbidity with less hospital stay. NDVH is commonly done for DUB. NDVH is an excellent option for a normal uncomplicated uterus. The aim of all the educational programmes must be to train gynaecologists to perform nondescent vaginal hysterectomies and to master the skill of this surgery.

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