

Study on the Impact of Early Hysterectomies on Women Less than 36 Years and Presenting Symptoms

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ABSTRACT

Introduction: Hysterectomy is surgical procedure performed to remove the uterus and cervix. Depending on the pathology sometimes ovaries and fallopian tubes may also be removed during hysterectomy. Study aimed to know the impact of early hysterectomies on women less than 36 years and presenting symptoms.

Material and Methods: It was an observational study. A total of 100 cases with early hysterectomies done in and around Tirupati, Andhra Pradesh outside our Sri Padmavathi Hospital, Renigunta by different practitioners for varied indications and presenting to our Gynecology op between Feb 2013 to April 2014 were taken into study.

Results: Most common presenting symptom is low back ache, joint pains and body pains. Generalized weakness and inability to attend their routine work are second most common presenting symptoms.

Conclusion: Hysterectomies done at an early age has its own affect on the life of women, if done for benign lesions and medically manageable complaints. Complaints can be prevented, if hysterectomies are planned selectively for indicated reasons.

Keywords: Early hysterectomies, Benign conditions, Impact on health, Pelvic inflammatory disease, Dysfunctional uterine bleeding.

INTRODUCTION

Hysterectomy dates very early in 18th century. First abdominal hysterectomy was performed by Charles Clay in Manchester, England in 1843.¹ First successful abdominal hysterectomy was done by Ellis Burnham from Lowell, Massachusetts in 1853.

Whereas vaginal hysterectomy dates back to ancient times. According to few references vaginal hysterectomy was performed by Themison of Athens in 50 BC.² Vaginal hysterectomy for prolapse of uterus was done 120years AD by Sorrasnus of Ephesus.³

First total abdominal hysterectomy that is removal of entire uterus and cervix was performed by Richardson in 1929.⁴ Idea of removal cervix along with uterus helped in avoiding post hysterectomy serosanguinous discharge from cervical remnant and also possibility of cervical carcinoma from the cervical stump.

Minimally invasive surgical procedure to remove the uterus is laparoscopic hysterectomy. Laparoscopic assisted vaginal hysterectomy technique was described by Kurt Semm, whereas total laparoscopic hysterectomy which was first performed by Harry Reich in Kingston Pennsylvania in 1988.³

In earlier days women used to have operative and postoperative complications due to hysterectomy, but

advances in medical field like introduction of anesthesia, antibiotics and antiseptics, blood transfusion and intravenous therapy etc made hysterectomy a safe procedure.

Common reasons of choosing elective hysterectomy are pelvic inflammatory disease, fibroid uterus, abnormal uterine bleeding, adenomyosis etc.

Long-term complications of hysterectomy include decreasing bone density leading to body pains, generalized weakness, hot flushes, psychological problems, dyspareunia etc.⁵

In our study we mentioned regarding the causes of hysterectomies of patients attending to our Sri Padmavathi Hospital, Renigunta and discussed regarding the long-term complications of early hysterectomies.

MATERIAL AND METHODS

This was retrospective observational study which included 100 women of age less than 36 years who underwent hysterectomies done in and around Tirupati outside our Sri Padmavathi Hospital, Renigunta by different practitioners for varied indications and presenting to our Hospital Gynecology OPD with various symptoms in the period between Feb 2013 to April 2014, and studying their presenting symptoms. We studied the medical charts of all these subjects after taking ethical clearance from institutional ethical committee.

As it was a retrospective observational study which doesn't need any additional tests or procedures on the involved study group. We have worked only on already existing details, so we felt written consents are not applicable to this study.

Inclusion criteria

Women who underwent hysterectomies before 36 years of age.

Exclusion criteria

Cesarean hysterectomies

Women undergone hysterectomies after 36 years of age.

STATISTICAL ANALYSIS

Statistical analysis was done by expressing and comparing the results in percentages.

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RESULTS

Between Feb 2013 to April 2014, hundred cases of early hysterectomies done in and around Tirupati outside our Sri Padmavathi Hospital, Renigunta by different practitioners for varied indications and presenting to our Hospital Gynecology OPD were observed and analyzed for various presenting symptoms.

On observation of out of 100 patients evaluated 74 women were undergone hysterectomy at an age ≤ 35 years and 36 members were operated above the age of 35 years (Table 1). Of these patients 96 had their ovaries retained and three of them had ovaries removed and one woman underwent left ovarian cystectomy due to hydrosol pinx. Patients presenting with symptoms at a period ≤ 5 years from the date of surgery were 32, after 5 years were 68 (Table-2,3).

As women were not taking early and proper treatment for Pelvic inflammatory disease (PID), as the prevalence of sexually transmitted diseases is more in this area and as few surgeons are taking early decision regarding hysterectomy, the most common indication for hysterectomy in our study was PID (44%) followed by fibroids (17%) and Dysfunctional uterine bleeding (DUB) (16%). The rest of them were relatively less in number like unhealthy cervix (7%), ovarian cyst (4%), secondary dysmenorrhea (3%), pain abdomen (3%), adenomyosis (2%), uterovaginal prolapsed (2%), fibroid polyp (1%). And one patient who had PID with appendicitis underwent hysterectomy along with appendicectomy.

Off the study group 32% of them presented with symptoms of body pains, joint pains, low backache followed by 24% with generalized weakness (Table-4). And 12% of them with night sweats, hot flushes and Cardio vascular disorders. Around 6% with pain abdomen and 4% with mood swings and depression. The rest of the presenting symptoms vary from 1 to 4% like white discharge per vaginum in 4% of women, Urinary tract infection in 4%, acid peptic disease and chronic constipation in 3%, burning of extremities in 3%, ovarian cysts in 3%, itching of vulva in 2%, vault prolapse in 1%, bleeding per vaginum in 1% and pain at the site of hysterectomy incision scar in 1% of women.

DISCUSSION

In our study we have taken 30 years as cutoff age to observe the side effects of hysterectomies, as most of the population who underwent hysterectomies for benign conditions were under the age of 30 years.

This cut off value varied in different studies like study by Elizabeth A et al⁶ taken 50 years as cutoff age to observe the side effects of hysterectomies.

In our study, in around 96% of cases ovaries are retained. Study by Elizabeth et al⁶ suggested that retention of ovaries secondary to hysterectomy will produce androgens even after atrophy.

Which will undergo peripheral conversion to estrogen thereby maintaining the endocrinal milieu. In our study we have taken 5 years post hysterectomy as a mark of separation between two groups.

And article by Linda Parkinson Hardman⁷ also mentioned that symptoms of post hysterectomy can develop 5 years

later. From our study we noted that 90% of hysterectomies are done for benign indications comparable with work done by Catharina Forsgen and Daniel Altman.⁸ Whose study also reviewed 90% of the indications for hysterectomies are benign. Studies by Elizabeth A et al⁶, Pearson et al⁹ also stated that majority of indications for hysterectomies were benign.

According to our study most common indications for hysterectomies were PID (44%) followed by fibroids (17%) and DUB (16%). The rest of them were small in percentage. This is in correlation with the study done by above authors, who stated fibroids as most common benign condition taken up for total abdominal hysterectomy. Whereas in the study by Marit Lieng et al¹⁰ most common indications for

Age at hysterectomy	No of patients
≤ 30 years	74
> 30 years	26

Table-1: Selection criteria - Age

Duration between hysterectomy and presenting symptoms	No of women
≤ 5 years	32
> 5 years	68

Table-2: Duration between the date of hysterectomy and presenting symptoms.

Indication for hysterectomy	No of women
Pelvic inflammatory disease	44
Fibroid	17
Dysfunctional uterine bleeding	16
Unhealthy cervix	07
Ovarian cyst	04
Secondary dysmenorrhea	03
Pain abdomen	03
Adenomyosis	02
Utero vaginal prolapse	02
Fibroid polyp	01
Pelvic infection associated with appendicectomy	01

Table-3: Indications of hysterectomy

Presenting symptoms	No of patients
Body pains, joint pains, Low back ache	32
Generalized weakness	24
Night sweats, hot flushes, Cardiovascular disorders	12
Pain abdomen	06
Depression, mood swings	04
White discharge per vaginum	04
Urinary tract infection	04
Acid peptic disease and Chronic constipation	03
Burning of extremities	03
Ovarian cyst	03
Itching of vulva	02
Vault prolapse	01
Bleeding per vaginum	01
Pain at the site of scar	01

Table-4: Post hysterectomy presenting symptoms

hysterectomy were fibroids followed by abnormal uterine bleeding, pelvic inflammatory disease and endometriosis.

In our study post hysterectomy presenting symptoms were generalized like body pains, joint pains, low back ache (Indicating osteopenia and calcium deficiency) in around 56 women, amounting to half of the population studied. Followed by cardiovascular symptoms in 12 (due to hormonal deficiency). The rest of them were minor ranging from 1 to 6. Which tallied with the work done by Poushali Ganguly,¹¹ Sumiya Khan,¹² Howard BV et al,¹³ Cartharina et al,⁸ hysterectomy fact sheet by K.Braun.¹⁴

CONCLUSION

It is observed that most of the hysterectomies at younger age done in and around Tirupati outside our Sri Padmavathi Hospital, Renigunta by different practitioners for varied indications were done for benign medically treatable conditions, causing long term disability of women.

Most of the women were unable to attend their routine duties, abstain from work due to body pains, generalized weakness and orthopedic complaints due to hormonal deficiencies.

All the above problems which most of the women were facing can be avoided by restricting hysterectomies and by performing them for valid indications. Most of the hysterectomies can be avoided by treating benign conditions medically and by conservative methods.

If hysterectomy is mandatory at younger age, ovaries can be retained if healthy to maintain the hormonal status.

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