Research Article

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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 (30.6%) 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, panhysterectomy 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%. Postmenopausal 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 43.125±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			
Laparoscopic	16	21%	
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		41.875±6.7	
hysterectomy done		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 41.875 ± 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. In study by Deeksha P et al, mean age of women undergoing hysterectomy was 48 ± 9.9 years.

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%). 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. Another study by Sardeshpande Nilangi N found that majority reported health problems after surgery. 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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REFERENCES

- Babalola E, Bharucha A, Schleck C, Gebhart J, Zinsmeister A, Melton J. Decreasing utilization of hysterectomy: a population-based study in Olmsted county, Minnesota, 1965-2002. Am J Obstet Gynecol. 2007;196(3):214.
- 2. Kameswari S, Vinjamuri P. Medical Ethics: A Case Study of Hysterectomy in Andhra Pradesh. Hyderabad: National Institute of Nutrition. 2009.
- 3. Lee N, Dicker R, Rubin G, Ory H. Confirmation of the preoperative diagnoses for hysterectomy. American Journal of Obstetrics and Gynecology. 1984;150(3):283-7.
- 4. Medhi P, Dowerah S, Borgohain D. A Histopathological Audit of Hysterectomy: Experience at a Tertiary Care Teaching Hospital.

- International Journal of Contemporary Medical Research. 2016;3(4):1226-8.
- Pandey D, Sehgal K, Saxena A, Hebbar S, Nambiar J, Bhat RG. An Audit of Indications, Complications, and Justification of Hysterectomies at a Teaching Hospital in India. Int J Reprod Med. 2014;2:279273.
- 6. Singh A, Arora A. Profile of Hysterectomy Cases in Rural North India. The Internet Journal of Gynecology and Obstetrics. 2006;7(1):1-5.
- Radha K, Devi PG, Chandrasekharan PA, Swathi P, Radha G, Keerthana. Epidemiology of Hysterectomy - A Cross Sectional Study among Piligrims of Tirumala. IOSR Journal of Dental and Medical Sciences (IOSR-JDMS). 2015;14(7):1-5.
- 8. Sudeepa D, Madhukumar S, Gaikwad V. A Study of the Profile of Hysterectomy Acceptors in Rural Bangalore. Indian Journal of Public Health Research & Development. 2013;4(4):285-8.
- 9. Sardeshpande NN. Hysterectomy among Premenopausal Women and its' impact on their Life-Findings from a study in rural parts of India. International Research Journal of Social Sciences. 2015;4(4):15-22.

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