



Vaginal hysterectomy feasibility according to uterine volume

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objective

The objective of this study was to evaluate the possibility of performing a vaginal hysterectomy on patients with enlarged uterus and to asses short and medium-term complications.

Methodology and research tools:

This was a retrospective, descriptive, longitudinal study, conducted in the gynaecology-obstetrics department of the regional hospital of Ben Arous over a period of 10 years. We included all women with enlarged uterus who underwent vaginal hysterectomies for benign pathologies apart from urogenital prolapse. An enlarged uterus is defined according to most studies by a weight greater than 250 or 280 grams. In our study period, 109 vaginal hysterectomies for benign lesions were performed, out of which 5.5% of patients had an enlarged uterus.

Results

In this study, a total of 6 patients had a an enlarged uterus weighting 280 grams or more..

Results

Uterine morcellation was used in 83% of cases .Blood loss was significantly increased in these patients (1.2 g/dl versus 0.8 g/dl in patients with a uterus weighing less than 280 g, p <0.05). The average duration of postoperative hospital stay was longer (1.8 versus 1.6 days), but there was no statistically significant difference for the duration of the intervention between the two groups. were noted in women with an enlarged uterus. No serious complications and no laparoconversion

Discussion

A perfect mastery of uterine volume reduction techniques is necessary for performing a vaginal hysterectomy for large uteri. For Sheth, uterine morcellation is essential for a uterus larger than 400 cm³ [1]. In the work of Mazdisnian et al. these procedures were always performed for uteri weighing more than 300 g [2].

Discussion

In our series, uterine morcellation was necessary in 5 patients.

For patients who had VH with uterine morcellation, blood loss was significantly increased and the operating time was extended by 12 min compared to the other patients (88 min vs 100 min), these results are comparable to those of Deval et al who noted a 10-minute increase in operating time [3].

In a prospective randomized study by Nazah et al comparing two morcellation techniques: uterine hemisection and subserous dissection, the rate of postoperative fever was higher in the "subserous dissection" group but no evidence was found. explanation for these findings. Also, subserosal dissection failed in 28% of cases, while hemisection was effective in 100% of cases [4].

Conclusion

The vaginal route seems to be the best surgical approach for most benign conditions of the uterus. It should therefore be the reference route for hysterectomy especially in developing countries since it is a low cost and safe technique. Knowledge and mastery of uterine morcellation techniques are essential for performing vaginal hysterectomies in case of enlarged uterus.

Références

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