

Emergency obstetric hysterectomy:
A retrosepctive observational analytical study

Aim: To evaluate incidence, risk factors, indications, complications, feto-maternal outcomes, morbidity and mortality of peripartum hysterectomy at a tertiary care teaching hospital.

Materials & methods: The medical records of patients who had undergone Emergency obstetric hysterectomy, from january 2018 to December 2019, were reviewed retrospectively. Maternal characteristics and characteristics of the present pregnancy and delivery, hysterectomy indications, any associated risk factors and maternal and neonatal outcomes were evaluated.The data was analyzed with simple descriptive statistics and presented in tables.

- In modern obstetrics, the overall incidence of EOH is 0.05%, but there are considerable differences in incidence in different parts of the world, depending on modern obstetric services.

Region	Incidence of OH
Northern India	0.083%
Southern India	0.073%
China	0.063%
Nigeria	0.2%

The leading indications of EOH remain Atonic PPH and abnormal placentation.

• Age distribution of the patients studied

Age	No.	Percentage
<20	0	0
20-25	8	27
26-30	9	31
31-35	11	39
>35	1	3

• Parity of the cases studied

Parity	No	%
1	3	3.4
2	8	27.6
3	13	44.8
4	5	17.2

• Mode of delivery

Mode of delivery	No.	%
Vaginal	4	13.8
Primary section	5	17.2
Repeat section	20	68.9

During the study of those 2 years,there were 29 emergency obstetric hysterectomies performed.

The incidence of EOH was 0.46% during those 2 years(29 out of 6290 deliveries). It may due to the fact that most of the deliveries at our tertiary care belong to high risk group and referral as well as rising trend of caesarian sections.

• Indication for Emergency obstetric hysterectomy

Indication	No.	%
Uterine atony	13	44.8
Placenta previa	7	24.1
Morbidly adherent placenta	6	20.7
Rupture uterus	3	10.3

• Associated risk factors

Associated risk factors	No.	%
Previous cesarean section	20	68.9
Pre eclampsia/ eclampsia	6	20.7
Age >35 years	1	3.4

• Type of hysterectomy

Type of hysterecto-my	No.	%
Subtotal	22	75.86
Total	7	24.14

• Maternal & fetal morbidity

Maternal Morbidity	No. Patients	No. Patients (%)
DIC	7	24.1
Bladder Injury	3	10.3
Burst abdomen	1	3.4
Pulm. atelectasis	1	3.4

Fetal complications	No. patients	No. patients (%)
NICU admission	6	20.7
Mortality	4	13.8

Despite advances in medicine and surgery, postpartum hemorrhage remains one of the leading causes of maternal morbidity and mortality.

Incidence varies in different parts of the world where it’s lower in UK & nordic countries and much higher in India, Pakistan & Nigeria. In our study, it was 0.46%.

In our study, majority of the patients were **multipara (89.6%)**. Similar trend was observed in study done by Chawla J et al in northern India.

The most frequent indication for EOH was **Uterine atony (44.8%)** (Tahmina et al, 58.3% & Chawla J et al, 25%) followed by placenta previa(24.1%).

In our study, the most common risk factors observed was **previous caesarean(68.9%)** , which is similar to studies done in various parts of the world.

18 out of 29 patients required **ICU admission and 3** patients required **mechanical ventilation**.

7 out of 29 patients underwent total hysterectomy , mostly in view of low lying placentae & Adherent placenta, while 22 patients had subtotal hysterectomy.

There were no **maternal mortality** and 4(13.8%) perinatal deaths.

RCOG 2009 :
Identify risk factors for massive obstetric hemorrhage
Instituing prophylactic measures
-Correction of anaemia
-Interventional radiology team: prophylactic balloon catheters, allow replacement of blood & blood products & correction of coagulopathy, reducing incidence of EOH
Timely correction of blood volume (the golden hour, the first hour of severe shock)
Senior obstetricians to be directly involved.