

Are the hysterectomy peroperative complications related to the surgical approach?

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objective

We aimed in this study to evaluate the short and long term complications of the vaginal hysterectomy and compare it to the other approaches.

Methodology and research tools:

A retrospective descriptive longitudinal study leaded in Ben Arous hospital during 10 years, concerning the vaginal hysterectomies for benign diseases excluding urogenital prolapse.

Results

During the same period, 940 hysterectomies were practised: 570 abdominal hysterectomies, 70 laparoscopic hysterectomies and 300 vaginal hysterectomies with 191 realized on a prolapsed uterus. The average age was 49 +/- 6years [31-67]. The predominant age range was between 45 and 54 years old. In this study, the blood loss was appreciated by calculating the delta haemoglobin difference between preoperative and postoperative haemoglobin. The delta haemoglobin average was 0.88 g/dl (between 0 and 3.2 g/dl). Blood loss was greater in patients with uterine fibroids. It seems that the larger the uterus, the greater the risk of blood loss. The Δ Hb is significantly more increased in cases of nulliparity (1.90 g/dl versus 0.84 g/dl in patients who gave birth vaginally, $p < 0.05$). Any major vessel injury was reported, neither per operative transfusion. We didn't notice any ureteral injury in this study.

Results

However, we found 2 cases of bladder injury (1.8%), these 2 patients had a caesarean in their medical history. These wounds were repaired vaginally without resorting to laparoconversion with simple post-operative follow-up. We didn't find any digestive injury. Only one conversion to laparotomy was needed; the patient had endometriosis. whose uterus was ascended due to multiple pelvic adhesions, which were difficult to release vaginally. There was no reported thromboembolic complication. Urinary disorders such as urgency and nocturia were reported by two patients without any notion of urinary incontinence or bladder emptying disorder. After resumption of sexual activity, two patients mentioned dyspareunia.

Discussion

Like any surgical procedure, hysterectomy is burdened with significant morbidity. In the literature, we note a significant difference in the rates of complications in favor of the vaginal route compared to the abdominal route . Nevertheless, in the Cochrane review published in 2015, the prevalence of bladder wounds seems to be higher in patients operated on via the vagina [1].

Discussion

Mortality related to this surgery is low, the majority of authors report no deaths in their series. The mortality rate for vaginal hysterectomies was estimated at 0.01% for Rogo-Gupta et al . For Makinen et al, this rate was 0.06% but these deaths were not directly related to the intervention .Intraoperative complications during vaginal hysterectomies are dominated by hemorrhagic incidents and bladder wounds . As for the experience of the operator, most authors agree that patients operated on by a more experienced surgeon had a lower risk of complications, which seems logical [2]. Betschneider et al, on the contrary, found that a high surgical volume operator was significantly associated with more intraoperative incidents and postoperative complications but with fewer laparoconversions [2].These results were explained by the fact that the most difficult cases were operated by high-volume surgeons and that insisting on performing the hysterectomy by a minimally invasive approach despite the operational difficulties prolongs the duration of the intervention. **Hemorrhagic complications:**Bleeding is the most common complication of all-way hysterectomies [3].

Urinary complications: Bladder lesions during vaginal hysterectomy are often open wounds that occur at the time of the anterior colpotomy. In our series, we found a bladder wound in 1.8% of cases[2].

Conclusion

Vaginal hysterectomy seems to be the best surgical approach. It should be privileged in the management of benign uterus disease. Therefor, it should be a part of the basic surgical learning of each Gynecologist.

Références

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