

A TALLY OF TLH VS NDVH-THE CURRENT SCENARIO IN BENIGN PATHOLOGIES

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INTRODUCTION

Hysterectomy is the second most common surgery performed by gynaecologist.

Traditionally, the uterus has been removed by abdominal route which gives the opportunity to inspect the ovaries and vaginal route was reserved for Pelvic organ prolapse.

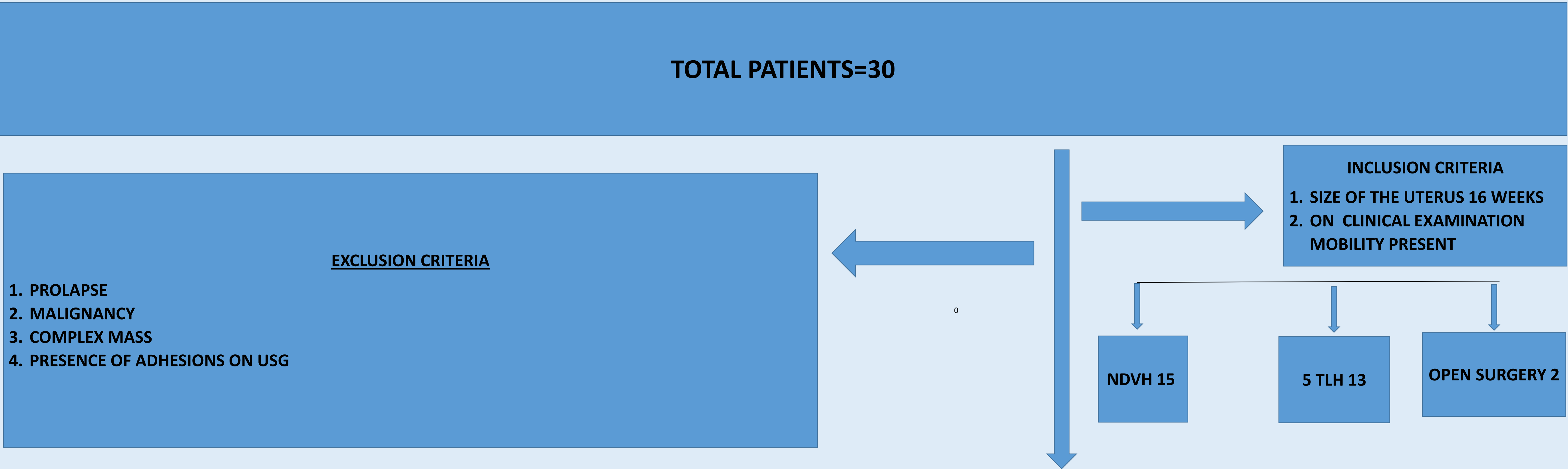
However now emphasis on Minimally Invasive Surgery(MIS) has led to resurgence of interest and importance of vaginal hysterectomy for non prolapse indication i.e.NDVH (Non Descent Vaginal Hysterectomy) as the scarless hysterectomy. In this era of robotic and laparoscopic surgery, considering the advantage of MIS along with precision, we did a study on NDVH ,which is an art of gynaecological surgeon giving us an edge over general surgeons. .NDVH also gives us option of minimal invasion with better access to ligament of uterus for surgery with less blood loss and minimal analgesic requirement post surgery and under a relatively safe spinal anaesthesia rather than general anaesthesia. with its complications

DEMOGRAPHY INDICATIONS OF SURGERY			
	NDVH	TLH	P VALUE
AUB	3	4	<0.01
FIBROID SIZE(WEEKS)			0.12
6	2	2	
6-8	3	1	
8-12	2	1	
12-16	1	1	
ADENOMYOSIS	2	3	0.21
PMB	2	1	0.11

COMPARISON OF DIFFERENT PARAMETERS			
OPERATIVE PARAMETERS	TLH	NDVH	P VALUE
Average uterine weight(gms)	470.21	460.52	0.21
Average duration of surgery(min)	95	78	<0.01
Average blood loss(ml)	90.1	100.2	<0.01
Average Hb change(gm/dl)	0.6	0.5	<0.001
Average duration of hospital stay(days)	3.1	4.1	<0.01
Post op pain(VAS score)	2.87	3.12	<0.01
Post op blood transfusion	3.21	4.11	<0.01
Cost factor	50000-120000	35000-40000	<0.01
Learning curve time	6-8 yrs	3-4 yrs	<0.01

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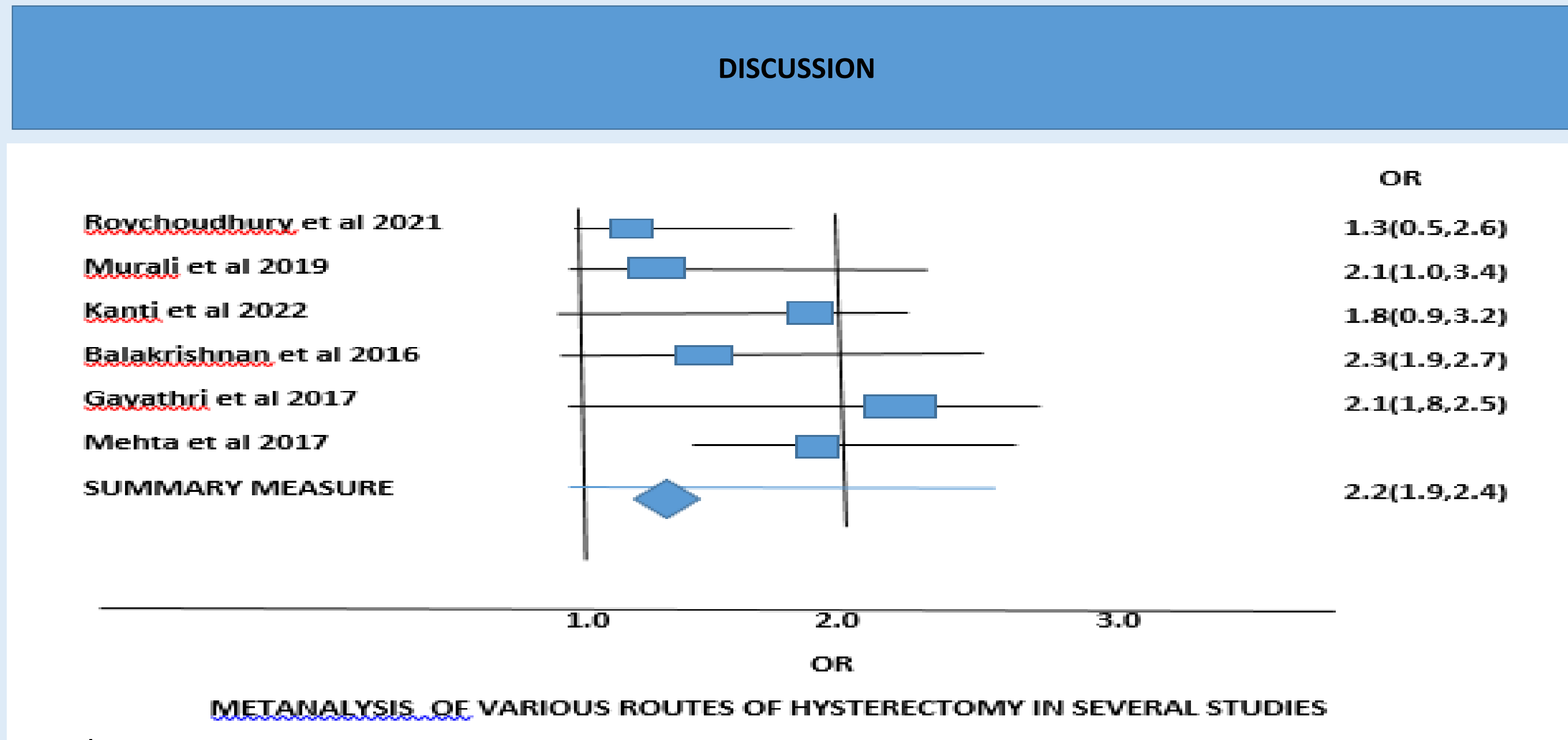
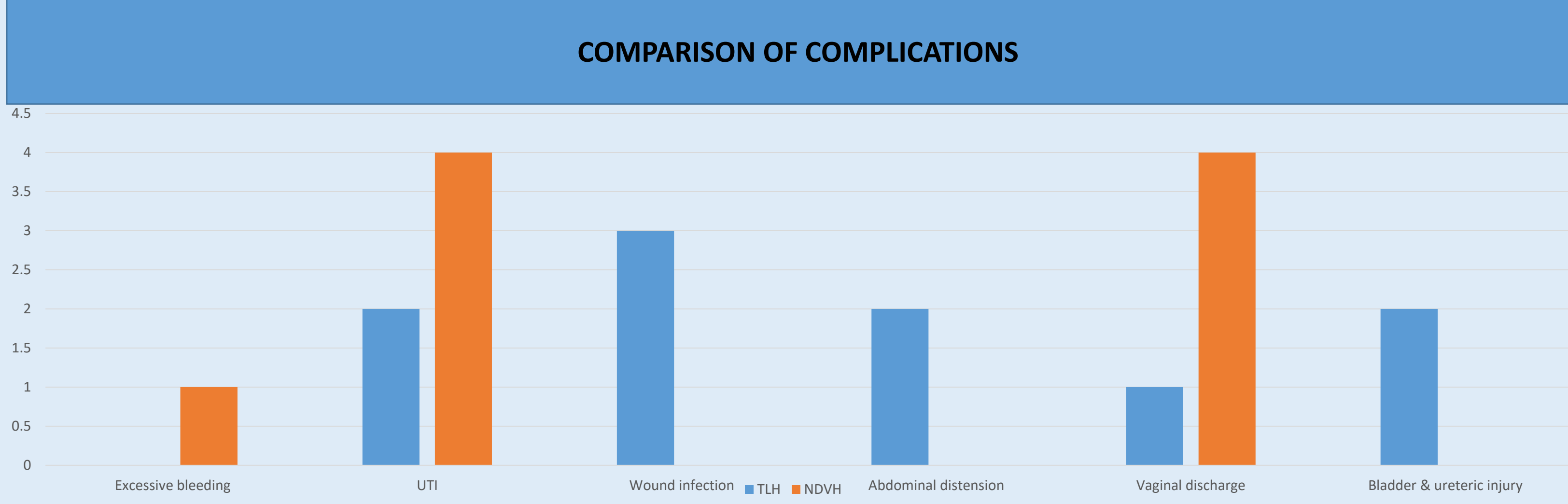


- **STUDY OBJECTIVE:**The objective was to compare both the procedure with respect to few specific parameters like demographic data, operative time and recovery time, blood loss, complications, post operative pain, cost factore, learning curve time for the team
- **STUDY DESIGN:** RETROSPECTIVE COMPARATIVE SINGLE CENTRE STUDY
- **PLACE OF STUDY:** IPGME & R,KOLKATA
- **STUDY POPULATION:** OPD patients
- **STUDY PERIOD :**1 YEAR- July 2020-June 2021
- **SAMPLE SIZE**-30
- **SAMPLE DESIGN**-Selected by inclusion/exclusion criteria based on usg findings

RESULTS:

The results were analyzed by SPSS Software version 29 using various statistical methods .

- Demographic data analysis showed both the groups have similar age distribution.
- Multiparity was more common in NDVH group.
- AUB was the most common indicator in both groups.
- Uterus of size 16 weeks could be operated by vaginal route.
- Both groups were compared in co-morbidities like hypertension and diabetes.
- NDVH was done for few women with morbid obesity where risk of general anaesthesia was very high.
- Comparison of the parameters show that operating time, blood loss, Hb change, hospital stay ,post op pain and blood transfusion were significantly more in TLH group
- Additional advantage in NDVH was repair of cystocele and rectocele.
- Adhesiolysis was the other common advantage which could be done in the TLH group.
- No cases in NDVH group were converted to laparotomy while 2 cases in TLH group were converted to laparotomy.
- There were no intraoperative complications in NDVH group while 1 cases of bladder injury and 1 case of ureteric injury were seen in TLH group which were converted to laparotomy to deal with complications.
- In both groups all patients were ambulated by 6 hrs post surgery.
- However hospital stay was found to be significantly less in NDVH group.



CONCLUSION

Vaginal hysterectomy for non descent for large uterus is safe and feasible provided one is familiar with the technique.Our study shows NDVH can be offered to women with comorbidities like asthma and high BMI, without increase risk of anaesthetic complications.Operative time and intraoperative blood loss ,cost factore and learning curve time were also less compared to TLH.With experience NDVH can be done with uterine size > 12 weeks. Thus this scarless approach appeared to be preferred method of hysterectomy.

DISCLAIMER
FUNDING-Nil
CONFLICT OF INTEREST-None
ETHICAL APPROVAL-Taken
INFORMED CONSENT-Obtained from all patients
LIMITATIONS-
❖ Sample size
❖ Previous pelvic surgery
❖ Endometriosis
❖ Nulliparity
❖ Uterine size
❖ > 16 weeks
❖ Surgeon's bias