

EPIDEMIOLOGICAL STUDY OF PELVIC HYSTERECTOMY AND LIFESTYLE MODIFICATIONS

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ABSTRACT

Aim: The main aim of the study to find out the prevalence and lifestyle modifications of pelvic hysterectomy. **Objective:** The objective of study is to evaluate the factors and lifestyle modifications those who are subjected to pelvic hysterectomy. **Methodology:** This is a prospective observational study of complications and life style modifications of PH in Tertiary care hospitals for 3 months. Patients with different complications like Uterus damage, Early menopause, Heavy bleeding, Infections were observed and evaluated during the study period. Using demographic details, prescription charts, laboratory data, Medical records, Doctor notes and nursing notes, the prevalence has been calculated for the study. **Result:** Based on the research and data review, we are concluding that the complications of uterine damage patients are more preferred to undergo Pelvic

Hysterectomy and we have observed changes in the lifestyle of the patients.

KEYWORDS: Hysterectomy, Prevalence, Complications, Lifestyle modifications.

INTRODUCTION

Vaginal hysterectomy is a remove your ovaries and fallopian tubes. procedure in which the uterus is surgically removed through the vagina and fallopian tubes may be removed during the procedure as well, bilateral salpingo oophorectomy. vaginal hysterectomy usually done for some causes of uterine prolapse. Vaginal hysterectomy involves a shorter time in the hospital, lower cost and faster recovery than an abdominal hysterectomy, which requires an incision in your lower abdomen.

Types of Hysterectomy

Total hysterectomy: This is the most common type. It removes the whole uterus, including the bottom part, the surgeon might also removes your ovaries and fallopian tube.

Partial hysterectomy: Only the top part of the uterus is removed. The cervix is left in place.

Radical hysterectomy: The surgeon removes the uterus cervix this type is often used to treat cancer of the cervix or uterus.

Why its done

Fibroids: Many hysterectomy are done to permanently treat these benign tumors in your uterus that can cause persistent bleeding, anemia, pelvic pain, pain during intercourse and bladder pressure. For large fibroids you might need surgery that removes your uterus through an incision in your lower abdomen.

Endometrium: This occurs when the tissue lining your uterus grows outside the uterus, involving the ovaries, fallopian tubes or other organs .Most women with endometrious have a laparoscopic or robotic hysterectomy, but sometimes a vaginal hysterectomy is possible.

Utreine prolapse: When pelvic supporting tissue and ligaments weaken or stretch out, the uterus can sag into the vagina, causing urine leakage, pelvic pressure or difficulty with bowel movements. Removing the uterus and repairing supportive tissues might relieve those symptoms.

Chronic pelvic bleeding: If your pain is clearly caused by a uterine condition, hysterectomy might help, but only as a last resort. Chronic pelvic pain can have several cause, so an accurate diagnosis of the cause is critical before having a hysterectomy.

Epidemiology: Out of 700,000 women between the age 15 to 49 years surveyed, 22,000 of them undergone a hysterectomy.

According to our research for 3 months in suryapet out of 100 women surveyed, 22 women were subjected to pelvic hysterectomy due to various causes.

Indications

*Pelvic organ proplase

*Abnormal bleeding

- *Chronic pelvic pain
- *Fibroids
- *Endometriosis
- *Uterine prolapse
- *Early menopause

ADVANTAGES OF HYSTERECTOMY	DISADVANTAGES OF HYSTERECTOMY
Early menopause of day to day activity	Skilled surgeon needed
Post operative complications are less	Exploration of abdominal and pelvic organs cannot be done
Less post operative pain and less need of analgesia	Difficult with restricted motility
Less morbidity and mortality	Difficulty with uterus size > 12 wks
Can be done effectively in obese patients	Tubal and ovarian pathology difficult to tackle

Vaginal Hysterectomy Complications

- *Infection
- *Hemorrhage
- *Constipation
- *Urinary retention
- *Blood clots
- * Damage to adjacent organs

Life after Vaginal Hysterectomy

Studies of women's response to hysterectomy show that most women are very satisfied with their results. Most reported improvement in symptoms directly related to the uterus, including pain and vaginal bleeding.

Sexual function and enjoyment, interest in sex, and pain with sex were improved for most women. However, this improvement may be dependent upon several factors, including the age of a woman at the time of surgery, the reason for surgery, and history of any prior difficulties with mood. Younger women may grieve after hysterectomy due to their loss of fertility. A woman who has new feelings of sadness, anxiety, or depression after surgery should speak with her health care provider. These feelings may be treated by talking with a therapist, with antidepressant medication, or may resolve with time.

Alternatives to Hysterectomy

Some women who wish to avoid or postpone hysterectomy may use medications or less invasive surgical procedures. Medical and surgical alternatives to hysterectomy depend upon the underlying disorder. The decision as to which treatment is "best" should be based upon a woman's particular medical problem, all available treatment options, and the risks and benefits of each type of treatment.

Some alternatives to vaginal hysterectomy include the following:

- Uterine artery embolization and myomectomy may be used to treat symptomatic leiomyoma (fibroids). (See "Patient education: Uterine fibroids (Beyond the Basics)".)
- Endometrial ablation, in which a clinician destroys or removes most of the endometrium using an instrument inserted through the vagina and cervix and into the uterus. (See "Patient education: Heavy or prolonged menstrual bleeding (menorrhagia) (Beyond the Basics)".)
- Medical therapy using hormonal medications, such as gonadotropin-releasing hormone (GnRH) analogs (for example, leuprolide) or progestins can help reduce the pain associated with endometriosis. (See "Patient education: Endometriosis (Beyond the Basics)".)
- Cone biopsy (eg, cold knife cone), cryosurgery, laser surgery, or loop electrocautery (eg, LEEP or LLETZ) are usually used to treat women with high-grade cervical intraepithelial neoplasia or carcinoma in situ of the cervix. These procedures remove the abnormal part of the cervix rather than the entire cervix and uterus. (See "Patient education: Cervical cancer screening (Beyond the Basics)".)

MATERIALS AND METHODS

Study Design

This is an observational study conducted for 3 months at Suryapet tertiary care hospitals, in an in-patient and out-patient department.

Patients who met the inclusion criteria or taken into consideration.

Collection of Data

Using a suitably designed collection data form, the following details are collected

- Patient demographic
- Clinical examination.

- Prescription chart
- Laboratory data.
- Progress notes
- Patient medical record

Inclusion Criteria

women who subjected to hysterectomy at the Age (30 YEARS TO 50YEARS). With the complications of Early menopause, infections, heavy bleeding, Uterus damage of both in-patients and out-patients.

Exclusion Criteria: Sexually transmitted diseases, pre mature labour, cancer clots and surgeries Fibroids, Endometriosis.

Methods of Collected Data

Data is collected through Patient interview to determine their chief complaints, history of present illness, past medical history and medication history

Family history

Medical records

Patient prescription

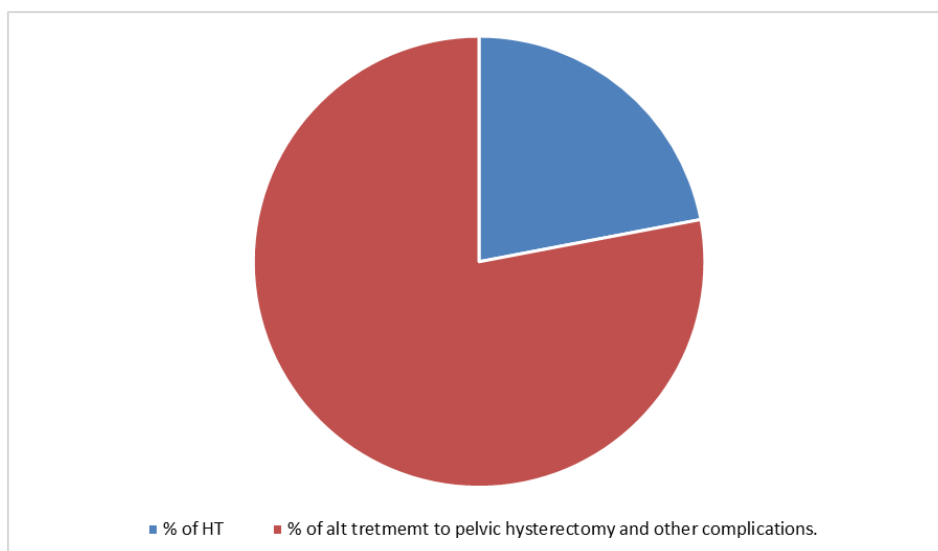
Study Site: Suryapet tertiary care hospitals.

Study Duration: A period of 3 months.

RESULTS

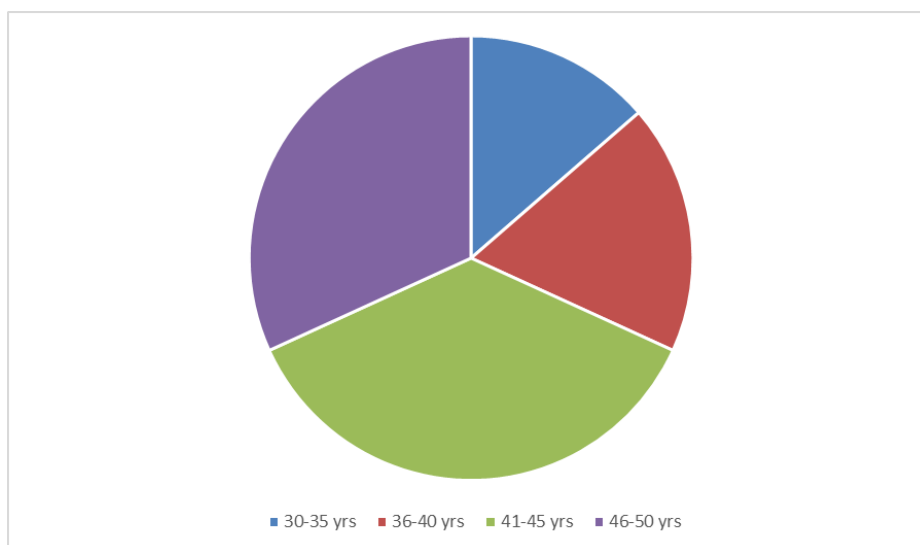
Categorisation Based On the Sample Size

S.NO	Sample size.	% of pelvic hysterectomy (Early menopause, Inf, Uterus damage, Heavy bleeding)	% of alternative treatment to HT and other complications.(STD'S, cancer clots, surgeries, premature labour)
1	100	22 %	78 %



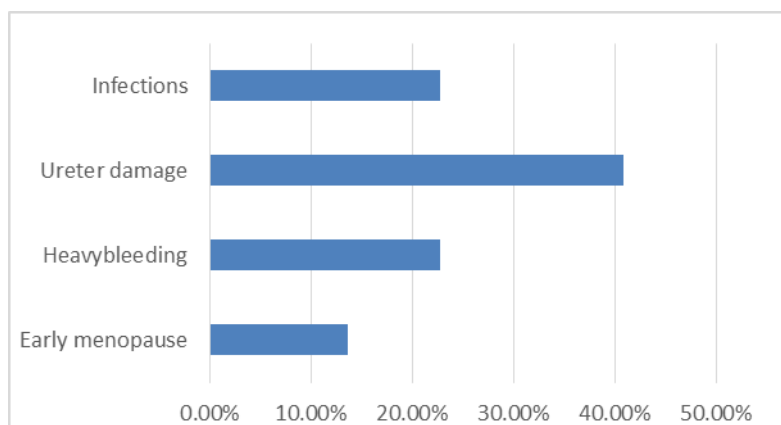
2. Categorisation Based On The Age.

S.NO	AGE(YEARS)	NO OF CASES	% OF CASES
1.	30-35	3	13.63 %
2.	36-40	4	18.18 %
3.	41-45	8	36.36 %
4.	46-50	7	31.81 %



3. Categorisation Based On Selected Complications

S.NO.	Selected Complications.	No.of cases.	Percentage of cases.
1.	Early menopause.	3	13.63 %
2.	Heavy bleeding.	5	22.72 %
3.	Uterus damage.	9	40.90 %
4.	Infections.	5	22.72 %



DISCUSSION

The studies on the hysterectomy explain about the factors and Economical issues of the surgery. But our article evaluates about complications and factors which relate to undergo hysterectomy and majorly explains the prevalence ratio (40.9%) in a selected population. Uterus damage is the major complication we have found that who undergoes hysterectomy in tertiary care hospitals even though it is a complicated surgery it takes major part in lifestyle modifications of the individual.

CONCLUSION

We concluded that the women with the complication of uterus damage are more subjected to pelvic hysterectomy and with highest incidents amongst between 41 -45 YRS and with having at least 2 children. This is due to weaken of walls of uterus, obesity and hormone fluctuations.

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