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A PROSPECTIVE OBSERVATIONAL STUDY ON HYSTERECTOMY

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ABSTRACT

A prospective observation study on hysterectomy: Causes, Procedures, Types, and Association with Hemoglobin Levels, Self-Health Education, and Blood Groups among 70 Patients in bhadradri kothagudem. The study highlights the characteristics of patients undergoing hysterectomy in Kothagudem, including the impact of self-health education on patient outcomes and the relationship between hemoglobin levels, blood groups, and hysterectomy. This study provides valuable insights into hysterectomy trends and outcomes in Kothagudem, emphasizing the importance of self-health education and consideration of hemoglobin levels and blood groups in patient care. Hysterectomy, the surgical removal of the uterus, is one of the most frequently performed non-obstetric surgeries globally, second only to cesarean section. It is often accompanied by prophylactic oophorectomy—removal of the ovaries—to lower the risk of ovarian cancer. The most common reasons for hysterectomy are non-malignant gynecological conditions such as uterine fibroids, abnormal uterine bleeding, and prolapse. While hysterectomy can provide substantial relief from distressing gynecological symptoms, especially when combined with oophorectomy, it also carries significant physical and psychological consequences. On the positive side, the procedure can reduce chronic pelvic pain and abnormal bleeding, which has been associated with lower anxiety and depression levels and improved quality of life within 6 to 12 months post- surgery. The removal of ovaries further increases susceptibility to osteoporosis, cardiovascular disease, and overall mortality. Our study of 70 hysterectomy patients found that women aged 41-50 were most common, with uterine fibroids being the primary indication. Laparoscopic hysterectomy with

BSO was frequently performed. Patients mostly had secondary education and reported good health.

INTRODUCTION

The term hysterectomy originates from two Greek words:- hysteron ‖ which means uterus and - ectomy ‖ which means resection removal from the human body. This surgical procedure is indicated in several common gynecologic problems. Hysterectomy is either total or subtotal, with or without the adnexa and depended on the way performed: abdominal, vaginal and laparoscopic or laparoscopic assisted vaginal hysterectomy. Historically the first vaginal hysterectomy was performed by Conrad Langenbeck in 1813, the first subtotal abdominal hysterectomy by Walter Burnham in 1853, the first elective abdominal hysterectomy by Clay and Koeberle in 1863, and the first laparoscopic hysterectomy by Harry Reich in 1988.[1] The uterus, also known as the womb, is where a foetus grows during pregnancy.[2] The uterine lining also produces menstrual blood. A person who has a hysterectomy will no longer have menstrual periods or become pregnant.[3] People who have a hysterectomy cannot become pregnant and may experience early menopause.[4] The operation may be done for several reasons, including: Uterine fibroids that cause pain, bleeding, or other problems.

- Uterine prolapse, which is when the uterus slides from its normal position into the vaginal canal
- Cancer of the uterus, cervix, or ovaries
- Endometriosis
- Abnormal vaginal bleeding
- Chronic pelvic pain
- Adenomyosis, in which tissue grows into your uterine wall, causing it to thicken
- Serious menstrual pain
- Uterine polyps (growths) that keep coming back
- Hyperplasia, which is when the lining of your uterus becomes too thick
- Gender affirmation.[5]

Types of Hysterectomies

Supracervical (or subtotal) hysterectomy—most of the uterus is removed, but the cervix (neck of the uterus) is not removed. Total hysterectomy—the entire uterus is removed, with

or without the tubes and ovaries.[6] Radical hysterectomy—removal of the uterus and surrounding tissues, including the upper third of the vagina; this is mainly done, along with removal of pelvic lymph nodes, for treatment of early cervical cancer. Total hysterectomy with bilateral salpingo-oophorectomy: This type involves the removal of one or both of a person's ovaries and fallopian tubes.[7]

Surgical Approaches

1. Abdominal Hysterectomy: Procedure: Incision made in the lower abdomen. Used for Large uterus, cancer, or extensive disease. Recovery 6–8 weeks.
2. Vaginal Hysterectomy: Procedure Uterus removed through the vagina. Used for Prolapse or small uterus. Recovery 4–6 weeks.[8]
3. Laparoscopic Hysterectomy: Procedure Minimally invasive using small incisions and a camera. Used for Most benign conditions. Recovery 2–4 weeks.
4. Robotic-Assisted Laparoscopic Hysterectomy: Procedure Similar to laparoscopic but with robotic arms. Used for Precision in complex cases. Recovery Similar to laparoscopic.[9]
5. Laparoscopic-assisted vaginal hysterectomy: procedure similar to laparoscopic but removal vaginal too. used for Precision in complex cases. Recovery Similar to laparoscopic.[10]

MATERIALS AND METHODOLOGY STUDY -DETAILS

"A Prospective Observational Study on Hysterectomy‖ in Various Hospitals of BHADRADRI KOTHAGUDEM was carried out by collecting responses from 70 patients about the clinical features they experienced before approaching the gynecologists, educations of patients, age of patients, self-health of patients, type of hysterectomy, indications of hysterectomy, blood group, hemoglobin % of the patients.

STUDY SAMPLE

A Total 70 patients are responded to phone calls, messages, among 70 patients some patients directly meet and study their case sheets.so by this way have included 70 patients in our study.

DATA COLLECTION PERIOD:

Data collection was done from the 12-April-2025 to 23-April-2025.

STUDY ELIGIBILITY

Subjects were enrolled in the study based on inclusion and exclusion criteria.

INCLUSION CRITERIA

Patients who had hysterectomy and who are interested to participate in the study.

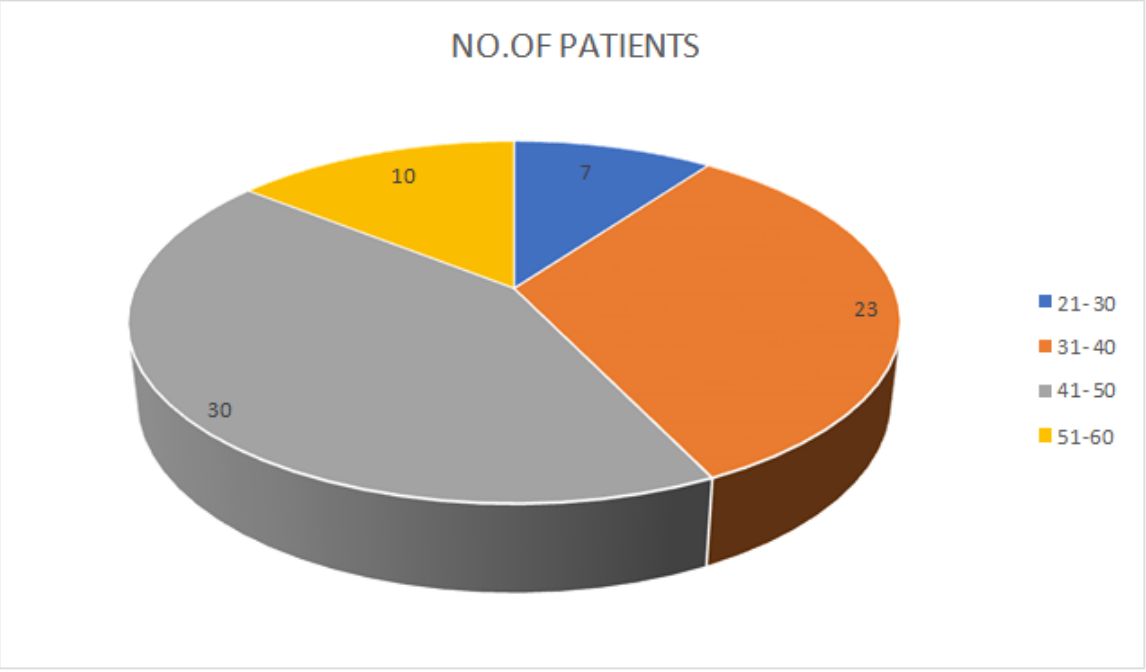
EXCLUSION CRITERIA

Patients who had hysterectomy but didn't like to disclose about their details, means those patients who are not interested were excluded from the study.

RESULTS

1. A TOTAL OF 70 PATIENTS MEETING THE INCLUSION CRITERIA WERE ENROLLED IN THE STUDY.

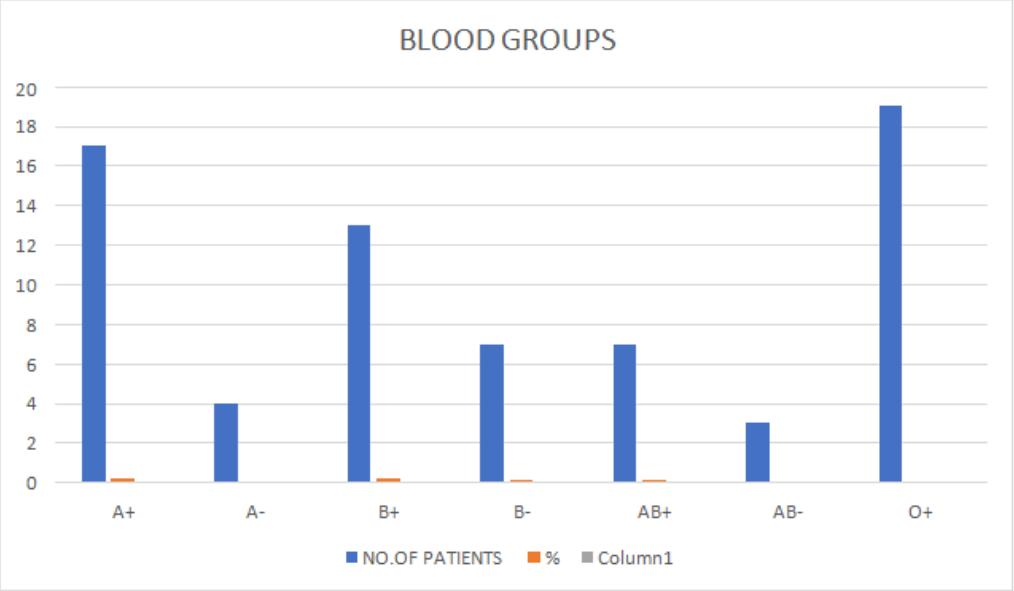
S.NO	AGE	NO. OF PATIENTS	PERCENTAGE
1	21- 30	7	10%
2	31- 40	23	32.85%
3	41-50	30	42.85%
4	51-60	10	14.28%



2. MOST COMMON PATIENTS BLOOD GROUPS FOR HYSTERECTOMY. WERE INCLUSION CRETERIA ENROLLED IN THE STUDY

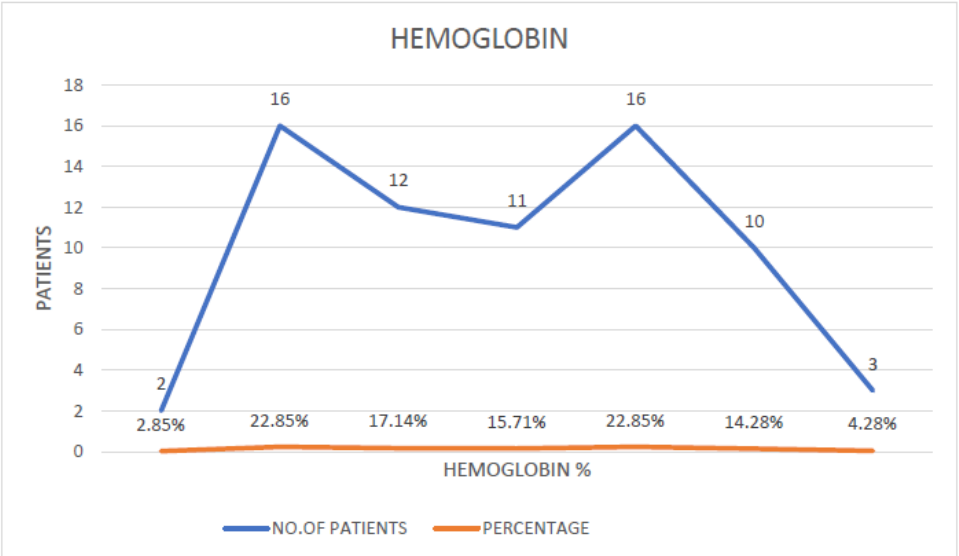
S.NO	BLOOD GROUP	NO. OF PATIENTS	PERCENTAGE
1	A+	17	24.28%
2	A-	4	5.71%
3	B+	13	18.57%

4	B-	7	10%
5	AB+	7	10%
6	AB-	3	4.28%
7	O+	19	27.14



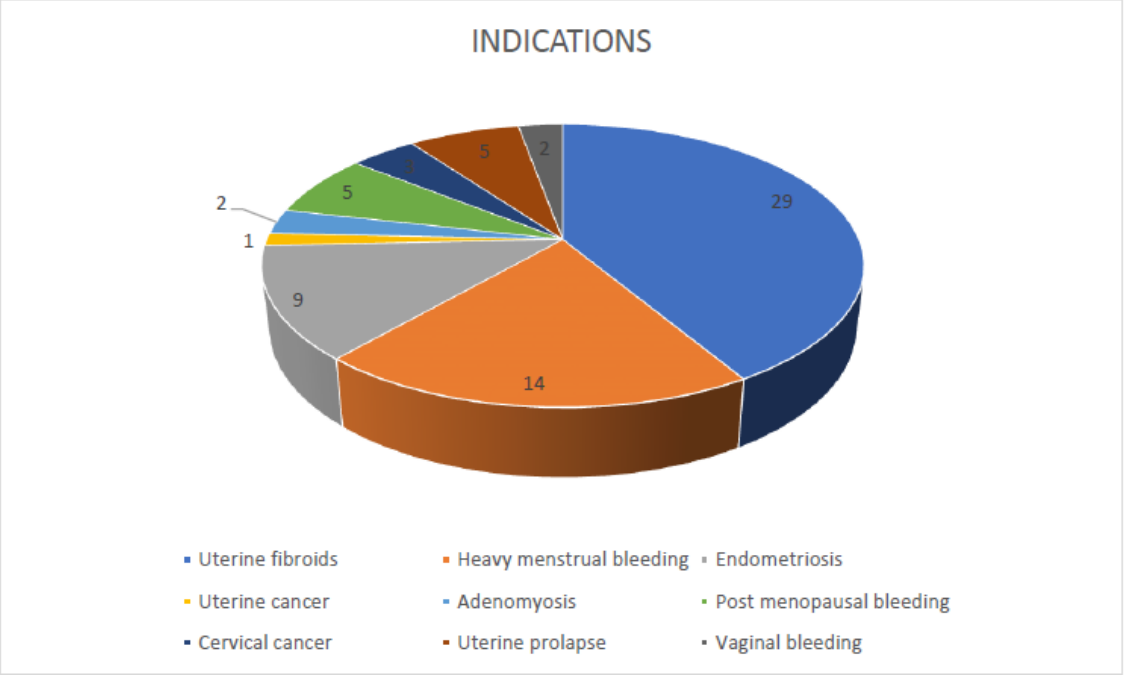
3. ACCORDING TO THE HEMOGLOBIN LEVELS IN PATIENTS OF HYSTERECTOMY

S.NO	HEMOGLOBIN	NO. OF PATIENTS	PERCENTAGE
1	7%	2	2.85%
2	8%	16	22.85%
3	9%	12	17.14%
4	10%	11	15.71%
5	11%	16	22.85%
6	12%	10	14.28%
7	13%	3	4.28%



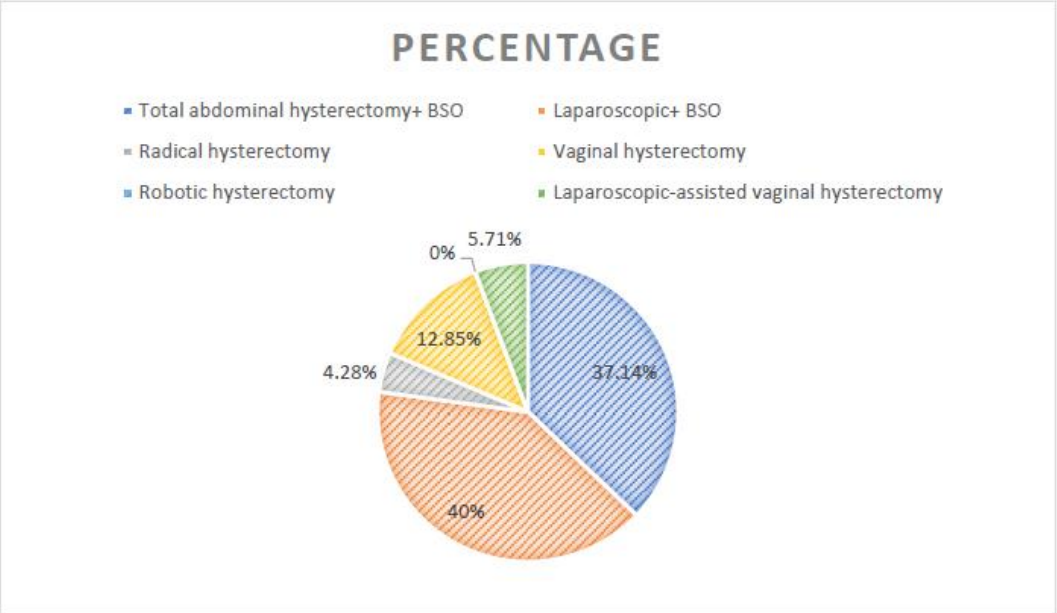
4. DISTRIBUTION ON PATIENTS BASED ON THE INDICATIONS/CAUSES ON HYSTERECTOMY

S.NO	INDICATIONS/CAUSES	NO. OF PATIENTS	PERCENTAGE
1	Uterine fibroids	29	41.42%
2	Heavy menstrual bleeding	14	20%
3	Endometriosis	9	12.85%
4	Uterine cancer	1	1.42%
5	Adenomyosis	2	2.85%
6	Post menopausal bleeding	5	7.14%
7	Cervical cancer	3	4.28%
8	Uterine prolapse	5	7.14%
9	Vaginal bleeding	2	2.85%



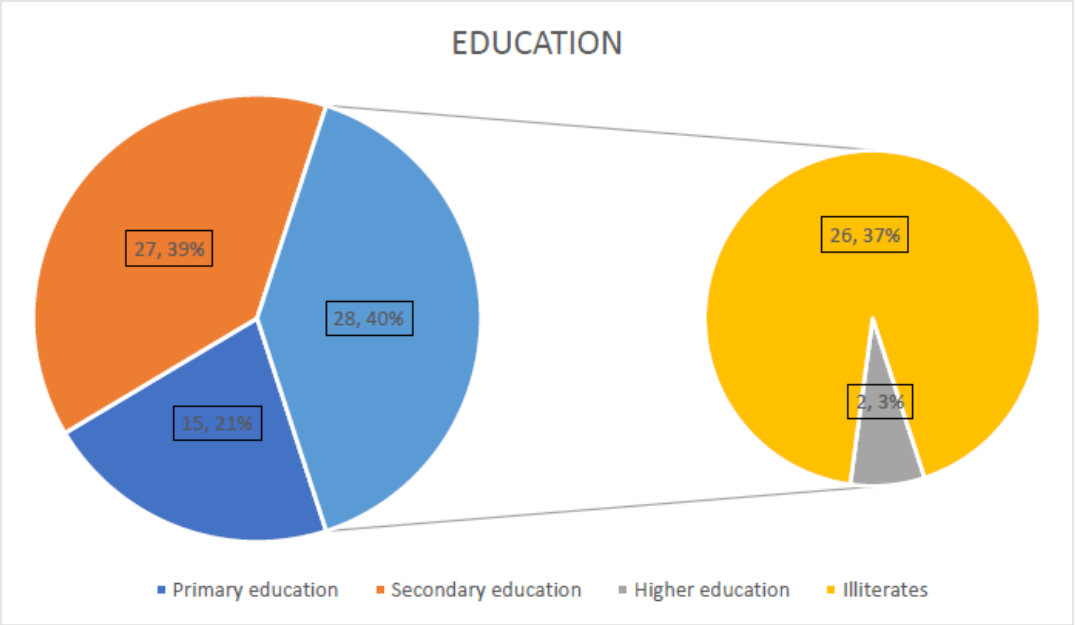
5. DISTRIBUTION OF PATIENTS BASED ON TYPE OF HYSTERECTOMY.

S.NO	TYPE OF HYSTERECTOMY	NO. OF PATIENTS	PERCENTAGE
1	nal hysterectomy+ BSO	26	37.14%
2	Laparoscopic+ BSO	28	40%
3	Radical hysterectomy	3	4.28%
4	Vaginal hysterectomy	9	12.85%
5	Robotic hysterectomy	0	0%
6	copic-assisted vaginal hysterectomy	4	5.71%



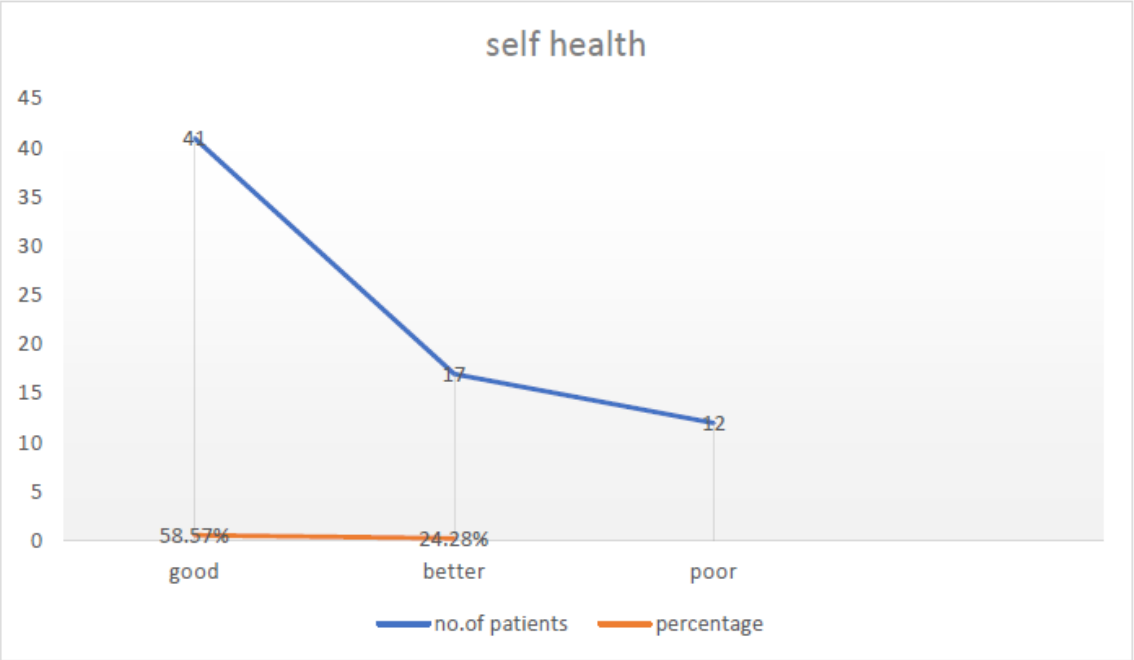
6. DISTRIBUTION OF PATIENTS BASED ON THEIR EDUCATIONAL.

S.NO	STATUS OF EDUCATIONAL	NO. OF PATIENTS	PERCENTAGE
1	Primary education	15	21.42%
2	Secondary education	27	38.57%
3	Higher education	2	2.85%
4	Illiterates	26	37.14%



7. GIVING OUT OF PATIENTS BASED ON SELF-HEALTH.

S.NO	SELF-HEALTH	NO. OF PATIENTS	PERCENTAGE
1	Good	41	58.57%
2	Better	17	24.28%
3	Poor	12	17.14%



DISCUSSION

Our study on hysterectomy outcomes included 70 patients and utilized a multi-facted data collection approach, including patient interactions, case sheet reviews, and consultations with medical staff and patient attendants. We have gathered information about ages of patients, hemoglobin, blood groups, educational, indications/ causes, self- health, type of hysterectomy. Among the 70 patients, 7 patients were of [10%] 21-30 years of age, 23 patients were of [32.85%] 31- 40years of age, 30 patients were of [42.85%] 41-50 years of age, 10 patients were of [14.28%] 51-60 years of age. According to our research, women aged 40 and above are disproportionately represented among those undergoing hysterectomy. And also indicates that our study i.e. above 40 years undergoing hysterectomy. Among 70 patients, A+ patients are 17 [24.28%], A- patients are 4 [5.71%], B+ patients are 13 [18.57%], B- patients are 7 [10%], AB+ patients are 7 [10%], AB- patients are 3 [4.28%], O+ patients are 19 [27.14%]. According to our study women blood groups of O+ and A+ are undergoing hysterectomy. Among the 70 patients, HB%-7% are 2 patients, HB%-8%are 16 patients, HB%-9% are 12 patients, HB%-10% are 11 patients, HB%-11% are 16 patients, HB%-12% are 10 patients, HB%- 13% are 3 patients. By the study HB% 8% &11% are having more likely to hysterectomy. Among 70 patients, indications are included- Uterine fibroids of 29 patients[41.42%], Heavy menstrual bleeding of 14 patients [20%], Endometriosis of 9 patients [12.85%], Uterine cancer of only 1 patient [1.42%], Adenomyosis of 2 patients [2.85%], Post menopausal bleeding of 5 patients [7.14%], Cervical cancer of 3 patients [4.28%], Uterine prolapse of 5 patients [7.14%], Vaginal

bleeding of 2 patients [2.85%].Our study indicates the having uterine fibroids more likely to have hysterectomy. Among the 70 patients, type of hysterectomy in the patients is total abdominal hysterectomy + BSO are 26 patients [37.14%], laparoscopic + BSO are 28 patients [40%], radical hysterectomy are 3 patients [4.28%], vaginal hysterectomy are 9 patients [12.85%], robotic hysterectomy are o patients, LAVH are 4 patients [5.71%]. By this study has more hysterectomy is going under the laparoscopic hysterectomy so easily to recover Fastly. Robotic hysterectomy is not available at here. Among the 70 patients' status of educational of different patients-primary education are 15 patients [21.42%], secondary education are 27 patients [38.57%], higher education are 2 patients [2.85%], illiterates are 26 patients [37.14%]. This indicates the secondary education has more in our study. Among the 70 patients, self -health included are good 41 patients [58.57%], better 17 patients [24.28%], poor 12 patients [17.14%]. So our study giving out self-health are more of good patients.

CONCLUSION

Our study of 70 patients undergoing hysterectomy highlights several key findings. Women aged 41-50 were the most common demographic, with 30 patients falling within this age range. Patients with O+ and A+ blood groups were predominantly represented. Haemoglobin levels of 8-11 g/dL were common among patients undergoing hysterectomy. Uterine fibroids were the primary indication for surgery, accounting for 29 cases. Laparoscopic hysterectomy with bilateral salpingo-oophorectomy (BSO) was the most frequently performed procedure, undertaken in 28 patients. The majority of patients had secondary education, and most reported good health. These findings provide valuable insights into the characteristics and outcomes of patients undergoing hysterectomy.

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