

INCREASED RATIO OF HYSTERECTOMIES: A STUDY OF THE CAUSES AND PREVALENCE

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ABSTRACT

Objective: This study aimed to focus on the prevalence of hysterectomy, the type of it, indications and the most common age of the women doing this procedure. **Materials and Methods:** This is a retrospective study composed of 249 women who visited different clinics in Damascus, Syria and had a hysterectomy. **Results:** We had 249 women who had a hysterectomy. 45% of all women were between 40-59 years old which was the most common. Abnormal Uterine Bleeding was the most common cause for hysterectomy in 36.5% of all women, followed by uterine fibroids in 23.7% and uterine prolapse

in 20%. Ovarian cancer was the least common cause in only 0.4%. We found that the most common type of hysterectomy was abdominal. **Conclusion:** The trend of hysterectomy is on a rise nowadays and is a considerable issue if done with no proper indication as it is a major surgery with many complications.

KEYWORDS: Hysterectomy, Syrian Women.

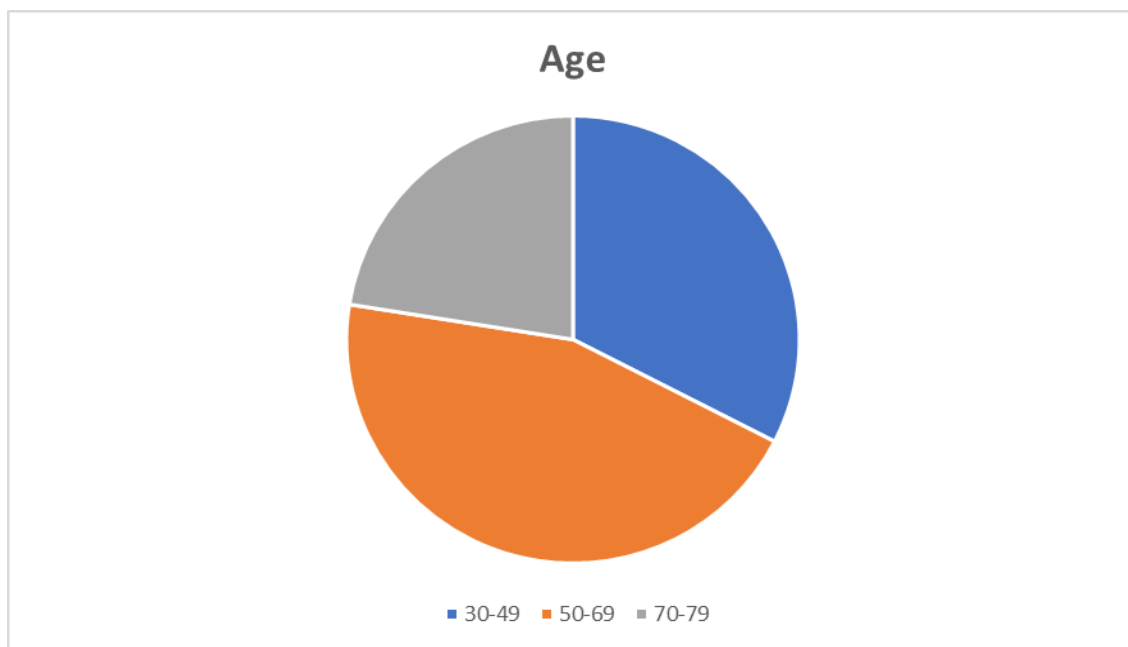
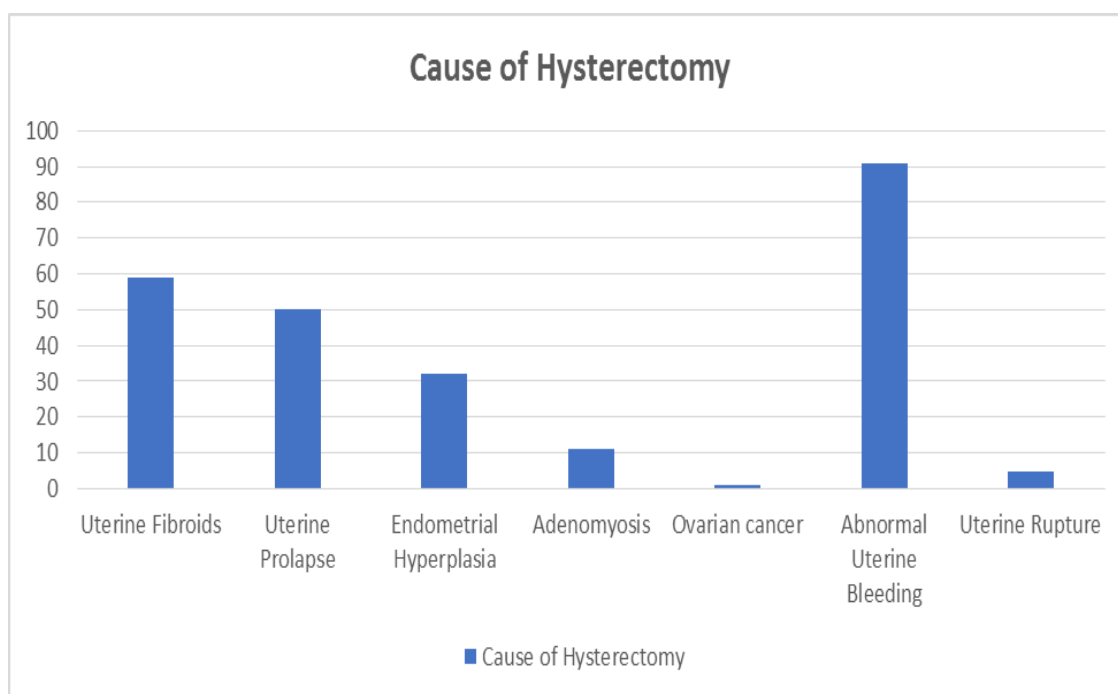
INTRODUCTION

Hysterectomy is the second most frequently performed major surgical procedures on women all over the world, next only to caesarean. The incidence of hysterectomy varies from place to place depending upon the clinical and clinician factors.^[1] The developed countries incidence is 10- 20%.^[2] Term “hysterectomy” though means removal of uterus, in practice it has a

much wider classification depending upon the indication. The common indication of hysterectomy is uterine fibroids, dysfunctional uterine bleeding (DUB), prolapsed genital organ, genital malignancy, chronic pelvic inflammatory disease etc. Hysterectomy can be performed abdominally, vaginally or through abdominal ports with help of a laparoscope. Approach depends on surgeon's preference, indication for surgery, nature of disease, and patient characteristics. This procedure is of particular concern in premenopausal women because of the early menopause that ensues. The complication of post hysterectomy has also decreased with the advent of new techniques, antibiotics, patient, and doctor awareness. Hysterectomy is a common surgical procedure in women and most hysterectomies are performed for benign indications.^[3] In addition, hysterectomy can be done by various routes and with different technologies, and these have shifted and evolved over the years.^[3,4,5] It is now widely agreed that hysterectomies should be performed by a minimally invasive approach, i.e., vaginally or laparoscopically, if possible. Furthermore, rates and routes of hysterectomy have implications for quality, costs and training.

MATERIALS AND METHODS

This is a retrospective study composed of 249 women who visited different clinics in Damascus, Syria between 1/5/2018 and 25/9/2019 and had a hysterectomy. This study aimed to show the prevalence of hysterectomy, the type of it, indications and the most common age of the women doing this procedure. We divided the patients to 4 age groups 30-39, 40-49, 50-59 and 60-80 years old. The patient's information was obtained from a form filled by the researchers from the physicians' records and all the personal information was hidden to ensure the privacy. Informed consent was taken from all the participants either personally or by phone. We had 314 women who met our criteria and only 249 agreed to participate. Statistical analysis was done using SPSS 25.0.

RESULTS**Figure 1: Age of the Participants.****Figure 2: Cause of Hysterectomy.**

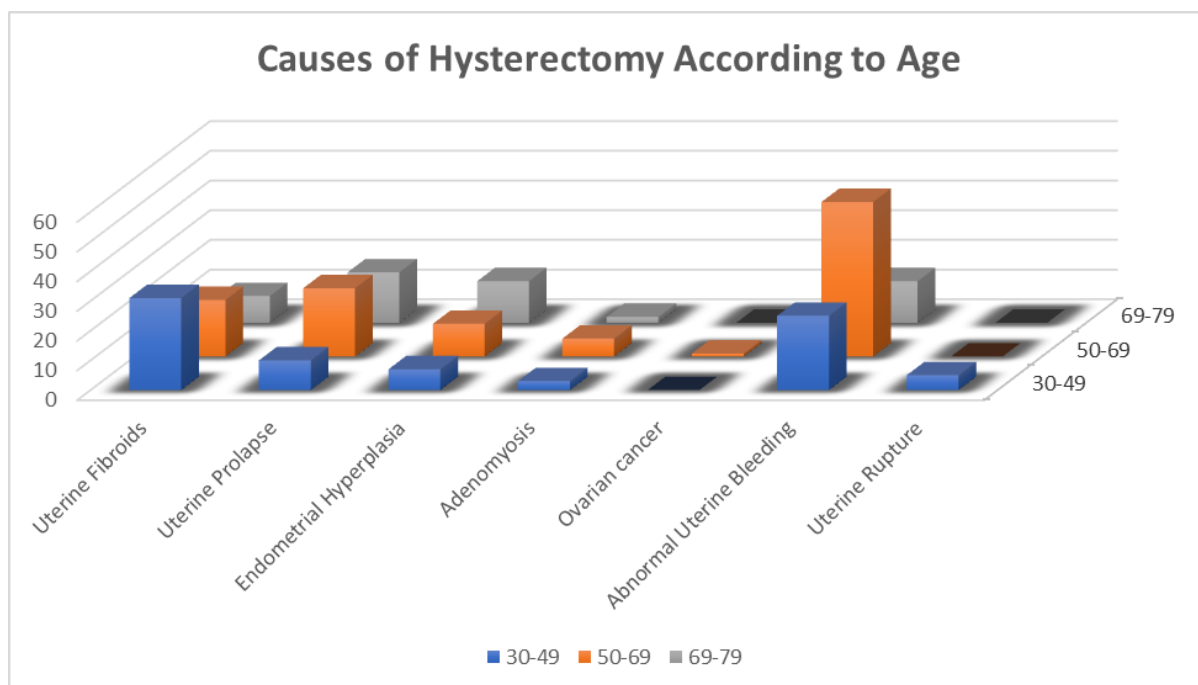


Figure 3: The cause of Hysterectomy according to Age.

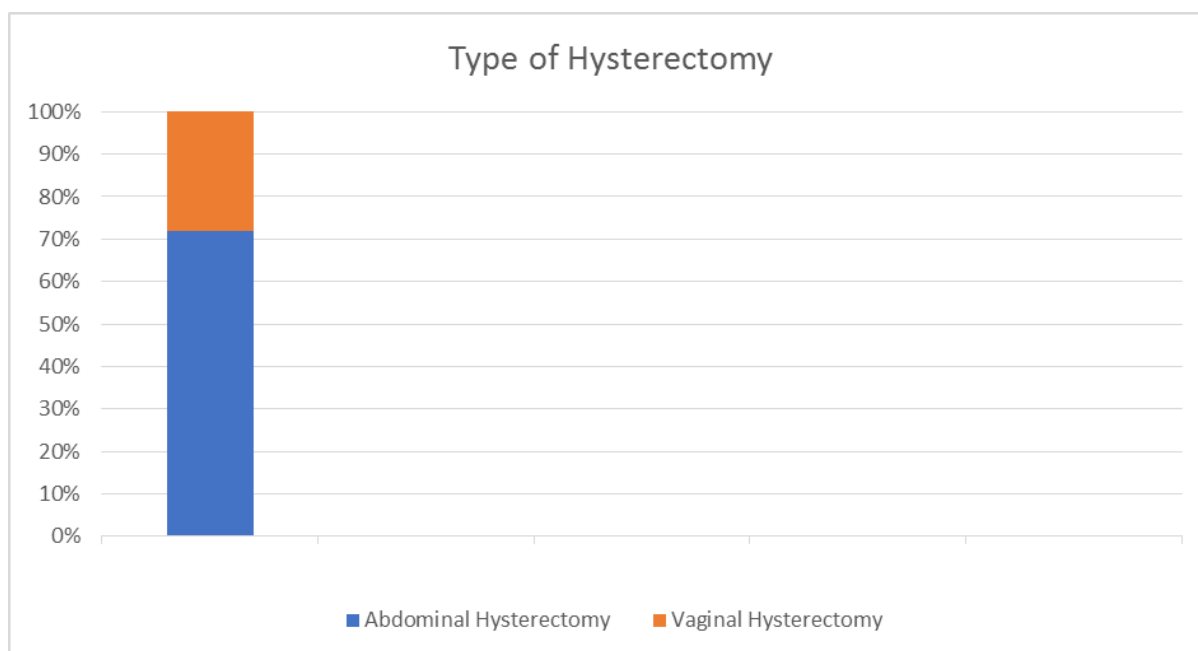


Figure 4: Type of Hysterectomy.

DISCUSSION

We had 249 women who had a hysterectomy. 45% of all women were between 40-59 years old which was the most common, followed by those between 50-69 years old with 32.5% and those between 70-79 years old with 22.5%. (Figure 1).

Regardless of the cause that led to the hysterectomy, the symptoms of the patients were as followed: menorrhagia was the most common in 51% of all women. Abdominal pain was the second most common symptom in 37%. Uterine bleeding was found in 16%. 27% of all women had a feeling of heaviness in the abdomen and 26% had urine incontinence. The least common symptoms included protrusion from the vagina in 3%, dysuria in 2%, amenorrhea in 5% and dyspareunia in 3%. (Figure 2).

Abnormal Uterine Bleeding was the most common cause for hysterectomy in 36.5% of all women, followed by uterine fibroids in 23.7% and Uterine Prolapse in 20%. Ovarian cancer was the least common cause in only 0.4%. (Figure 3).

We studied the correlation between the age of the women and the cause of the hysterectomy and found that uterine fibroids were the most common cause in those between 30-49 years old. Abnormal Uterine Bleeding was the most common cause in those between 50-69 years old, while Uterine Prolapse was the most common in those between 69-79. (Figure 3).

We found that the most common type of hysterectomy was abdominal in 72% followed by vaginal in 28%, compared to a similar study in India^[6], in which 91.4% were abdominal hysterectomies and 8.6% were vaginal hysterectomies. Another study in Australia^[7], vaginal hysterectomy was done in about 50%, which was noticeably high. Furthermore, abdominal hysterectomies dropped from 41% in 2002 to 20% in 2014 in Australia.^[8]

In India^[6], 75% of hysterectomy cause were benign with 26% due to uterine fibroids. In Australia^[8], 82% of hysterectomy causes were benign with 42% due to uterine fibroids, 25% due to uterine prolapse and 11% due to uterine bleeding. The most common age group in our study was 50-69 years old, which was similar to the study in India^[7] with most women of 45 years old.

REFERENCES

1. Rather GR, Gupta Y, Bharadwaj S. Patterns of lesions in hysterectomy specimens; a prospective study. *J K Science*, 2013; 15(2): 63-8.
2. Singh A, Arora AK. Why hysterectomy rate is lower in India. *Indian J Community Med*, 2008; 33(3): 196-7.
3. Falcone T, Walters M D. Hysterectomy for benign disease. *Obstet Gynecol*, 2008; 111: 753– 767. [PubMed] [Google Scholar]

4. Doll K M, Dusetzina S B, Robinson W. Trends in inpatient and outpatient hysterectomy and oophorectomy rates among commercially insured women in the United States, 2000–2014. *JAMA Surg.*, 2016; 151: 876–877. [PMC free article] [PubMed] [Google Scholar]
5. Wright J D, Herzog T J, Tsui J. Nationwide trends in the performance of inpatient hysterectomy in the United States. *Obstet Gynecol*, 2013; 122: 233– 241. [PMC free article] [PubMed] [Google Scholar]
6. Bala R, Devi KP, Singh CM. Trend of hysterectomy: A retrospective analysis in Regional Institute of Medical Sciences (RIMS). *J Med Soc.*, 2015; 29: 4-7.
7. Edler KM, Tamussino K, Fülöp G, et al. Rates and Routes of Hysterectomy for Benign Indications in Austria 2002-2014. *Geburtshilfe Frauenheilkd*, 2017; 77(5): 482–486. doi:10.1055/s-0043-107784