

# A Study of Series of Caesarean Hysterectomies for 1 Year in Tertiary Care Center, Srikakulam

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**Abstract:** This study conducted at Great Eastern Medical School & Hospital, retrospectively analyzes caesarean hysterectomies performed over one year period from April 2022 - March 2023 aiming to evaluate the reasons behind these surgeries at a tertiary care center. The research includes patients who underwent caesarean hysterectomies, focusing on those diagnosed with morbidly adherent placenta including accreta, increta, Percreta, placenta previa & fibroid complicating pregnancies, PPH. With a total of 21 cases examined, the study identified the most common cause for these procedures as uncontrolled atonic PPH, followed by morbidly adherent placenta. The incidence rate of caesarean hysterectomy was found to be 0.69 out of 858 caesarean sections performed during the study period. The findings underscore the necessity of caesarean hysterectomy as a life-saving intervention in cases of uncontrolled hemorrhage, while also highlighting the potential elective reasons for such procedures. Complications associated with these surgeries including ureteric injury & post-operative intestinal obstruction, were also documented, emphasizing the critical nature of decision – making & surgical expertise in managing such complex obstetric emergencies

**Keywords:** Caesarean hysterectomy, morbidly adherent placenta, postpartum hemorrhage, placenta previa, obstetric emergency

## 1. Introduction

- 1) Caesarean hysterectomy is defined as removal of uterus at the time of Caesarean section after delivery of the fetus and placenta.
- 2) Uncontrollable (intractable) Atonic PPH is the most common cause.
- 3) Morbidly adherent placenta (Accreta, Increta, Percreta) is the 2<sup>nd</sup> most common cause.
- 4) The estimated incidence is 0.4-2.5/1000 Caesarean deliveries.

## 2. Aims and Objectives

### 2.1 Aim

To Study and Evaluate reason for Caesarean hysterectomies at tertiary care center.

### 2.2 Objective

To review the cases of Caesarean hysterectomies specifically associated morbidity, performed over 1 year period in a teaching hospital.

## 3. Material

The Retrospective observational study was conducted in the Department of obstetrics and gynaecology of the Great Eastern Medical School and Hospital.

- The study was approved by the ethics review committee.
- The study included patients who undergone Caesarean hysterectomies in GEMS.

### The inclusion criteria:

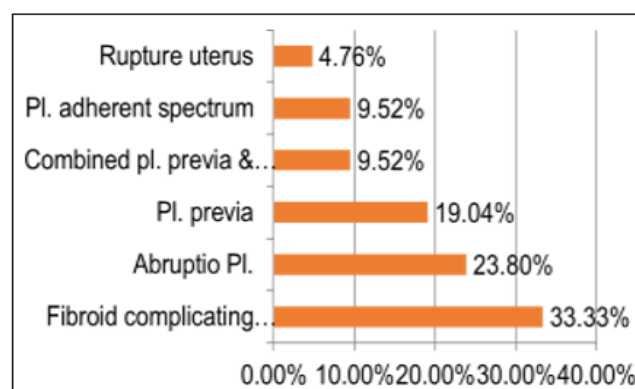
- Patient who was diagnosed with morbidly adherent placenta (Accreta, Increta, Percreta), Placenta Previa.
- Fibroid complicating pregnancies.

## 4. Methodology

- 1) A routine antenatal evaluation being done for all pregnant women coming to our hospital.
  - A Retrospective observational longitudinal study was done over a period of April 2022-March 2023.
- 2) High risk cases identified.

### During 1yr period, study includes

Type of cases	No.	%
Fibroid complicating pregnancy	7	33.3%
Abruptio placenta	5	23.8%
Placenta Previa	4	19%
Placenta Adherent Spectrum (PAS)	2	9.5%
Combined Pl.Previa & PAS	2	4.7%
Rupture Uterus	1	
Total Cases	21	



### During 1yr period, Out of 21 cases Indications of Obstetric hysterectomies

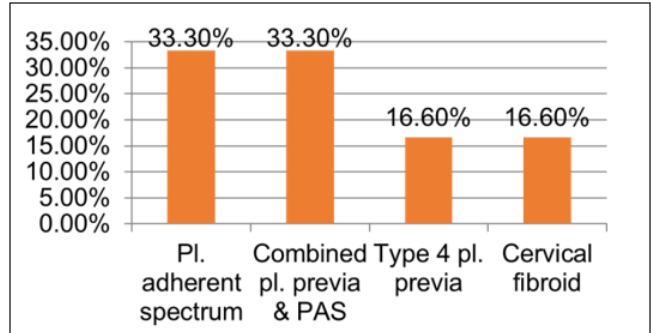
Out of 21 cases, Incidence of Obstetric Hysterectomies- 21.5%

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Type of cases	No.	%
Placenta Adherent Spectrum	2	33.3%
Combined Placenta Previa & PAS	2	33.3%
Type 4 Placenta Previa	1	16.6%
Cervical fibroid	1	16.6%
Total Cases	6	



**Obstetric Hysterectomies**

S.NO.	Case details	Age	Diagnosis	Surgery details
1	Ch. Madhuri	25yrs	Primi of 37wks of IUGR of severe oligo with <b>Cervical fibroid 35*25cms</b> with <b>uterus Didelphys</b> . On USG, Huge Cervical fibroid 35*25cms with uterus Didelphys. Post op specimen of uterus- <b>Bicornuate Bicollis</b> & huge cervical fibroid with cystic degeneration.	Classical Caesarean section proceeded to Caesarean Hysterectomy
2	B.Syamala	20yrs	G2P1L1 of 36wks of PCP of moderate oligo of transverse lie of Preeclampsia with <b>Type 4 Placenta Previa &amp; Placenta Adherent Spectrum</b> . on USG-Grade 4 Placenta Previa , Lt uterine artery doppler -early diastolic notch. MRI-Placenta Accreta.	Repeat emergency LSCS proceeded to <b>Subtotal hysterectomy</b>
3	B.Dhanalaxmi	36yrs	G3P2L1D1 of 37wks 3days of PCP with hypothyroidism with <b>Type 4 placenta previa</b> with anemia admitted in labour. On USG-Type 4 placenta previa.	Repeat emergency LSCS proceeded to Caesarean hysterectomy.
S.NO.	Case details	Age	Diagnosis	Surgery details
4	Nagamma	22yrs	G3P2L1D1 of <b>18wks</b> of 2PCP of severe oligo of <b>placenta increta</b> with moderate Anemia came with c/o bleeding PV. On USG & MRI Placenta Increta confirmed.	<b>Hysterotomy</b> proceeded to Obstetric hysterectomy
5	N.Raju	26yrs	G2P1L1 of <b>17wks 4days</b> of PCP of <b>Placenta Increta &amp; vasaprevia</b> came with c/o mild bleeding pv. On USG-Thinning of retro placental myometrium seen involving lower margin of placenta, Vasa previa and MRI-placenta increta.	<b>Hysterotomy</b> proceeded to Obstetric hysterectomy
6	K.Dhanalaxmi	30yrs	G5P1L1A2E1 of 36wks of GDM with <b>Type 4 placenta previa with placenta increta</b> . On USG-Type 4 placenta previa. MRI-placenta increta.	Repeat elective LSCS proceeded to Caesarean hysterectomy.

**Bicornuate Uterus Fibroid**

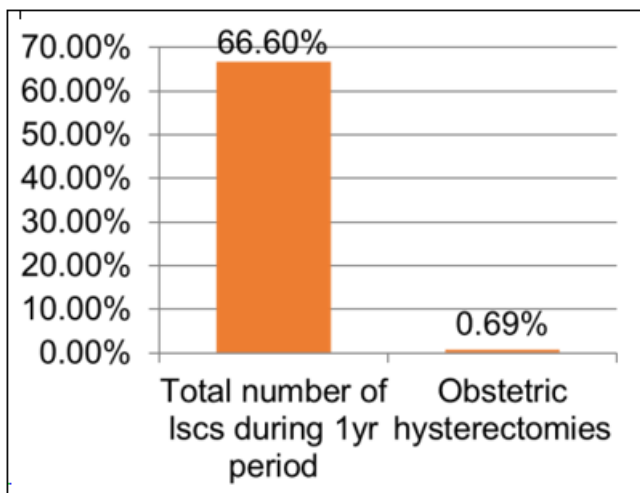


Due to excessive bleeding during separation of placenta, as bleeding was not controlled with conservative measures, proceeded for Hysterectomy

**5. Results**

Incidence of Obstetric hysterectomy

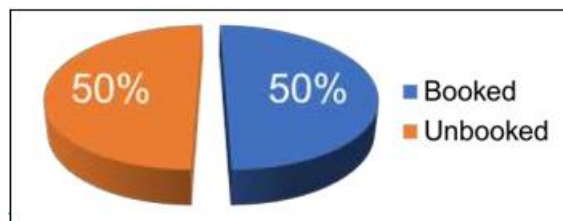
Compilations	No.	%
Total number of LSCS during 1 yr period	858	66.6
Obstetric Hysterectomies	6	0.69



Primi	3	14.2%
Multi	18	85.7%

Out of 6 cases

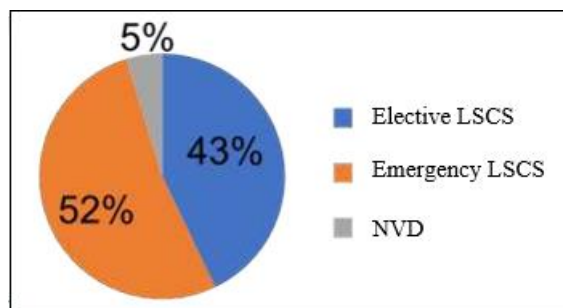
Booked	3	50%
Unbooked	3	50%



Primi	1	16.6%
Multi	5	83.3%

Out of 21 cases

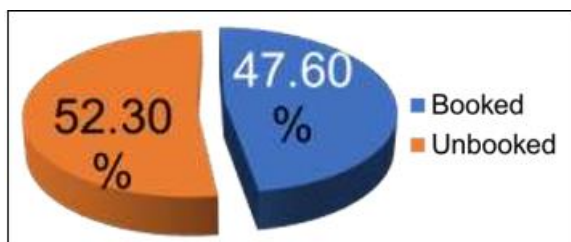
Elective LSCS	9	42.8%
Emergency LSCS	11	52.3%
NVD	1	4.76%



**6. Case Details**

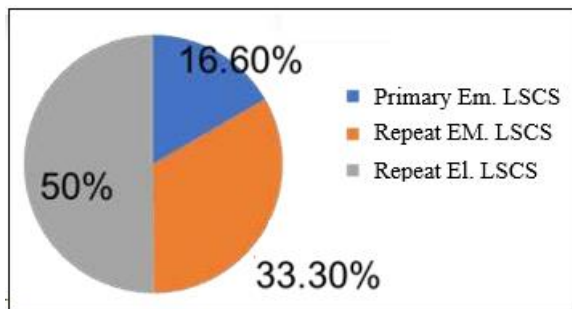
Out of 21 cases

Booked	10	47.6%
Unbooked	11	52.3%



Out of 6 cases

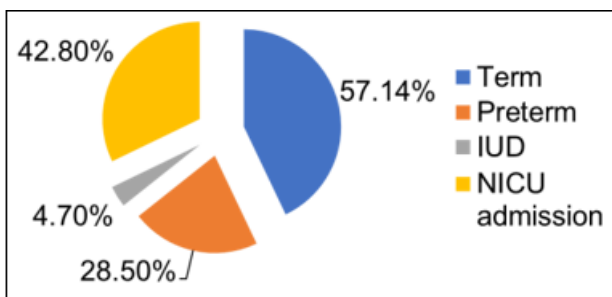
Primary Em. LSCS	1	16.6%
Repeat EM. LSCS	2	33.3%
Repeat El. LSCS	3	50%



Fetal Outcome

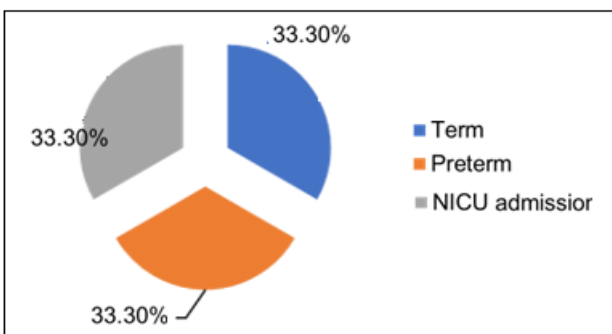
Out of 21 cases

Term	No.	%
Term	12	50%
Preterm	6	28.57%
IUD	1	4.76%
NICU	9	42.86%



Out of 6 cases

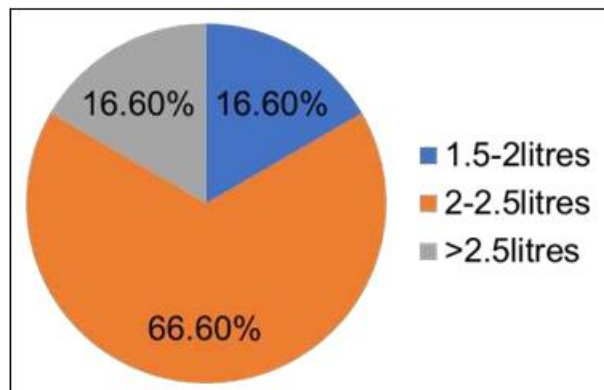
Term	No.	%
Term	2	33.3%
Preterm	2	33.3%
NICU	2	33.3%



Out of 6 cases

**Blood loss**

Blood Loss	No. of cases	% of cases
1.5- 2 Litres	1	16.6%
2- 2.5 Litres	4	66.6%
>2.5 Litres	1	16.6%



**Maternal Complications**

Compilations	No.	Description
Introp Complications	1	Ureteric Injury, repair was done by urologist
Postop Complications	1	Subacute intestinal obstruction, Peripartum cardiomyopathy, conservative treatment give.

**7. Discussion**

- 1) Incidence of Obstetric hysterectomy 0.6%.
- 2) Out of 21 cases, Incidence is 28.5%.
- 3) Most common indication is Placenta adherent spectrum.
- 4) If CS rates continue to increase, annual incidence of placenta Adherent Spectrum will also rise. Thus, mostly seen in multigravida.
- 5) Caesarean hysterectomies were done more electively, it will reduce levels of haemorrhage, reduced need for blood transfusion, less likely to have an attempt made to remove their placenta.

**8. Conclusion**

- 1) Caesarean hysterectomy though a rare procedure is a lifesaving obstetric emergency performed to save maternal life in uncontrollable haemorrhage & few elective indications.
- 2) It could be a planned procedure but more often it is an emergency operation.
- 3) Side effects of Caesarean hysterectomy are Sterility, Premature menopause.

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