REVIEW ARTICLE

A REVIEW ON CHOOSING THE PREFERABLE ROUTE OF HYSTERECTOMY

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Abstract:

Introduction: *In the present times, the emphasis on minimally invasive surgery has lead to a resurgence of interest and importance of vaginal Hysterectomy for non-prolapsed indications i.e. non decent vaginal Hysterectomy (NDVH) as the scar less Hysterectomy. It has several benefits over abdominal Hysterectomy in terms of cosmetic advantages, lesser post operatives morbidity and faster recovery.*

Objectives: *The study was to compare and assess various factors like operative duration of surgery intra operative blood loss, intra operative and post operative complications, post operative analgesia requirement, post operative ambulation and duration of post operative hospital stay and to put forward best route of hysterectomy.*

Conclusions: *Non-decent vaginal hysterectomy is a better alternative to abdominal hysterectomy in cases with benign pathology of the uterus, uterine size<14 weeks, uterus with good mobility and adequate vaginal access.*

Keywords: *Abdominal hysterectomy, Non-decent vaginal hysterectomy.*

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Introduction:

Hysterectomy is the commonest major gynecological surgery performed in women.[1,2] The vaginal technique has been introduced and performed centuries back, but has been less successful due to lack of experiences and enthusiasm among gynaecologists due to a misconception that the abdominal route is safer and easier. Traditionally, the uterus has been removed by abdominal route that gives the opportunity to inspect the ovaries and vaginal route is being reserved for pelvic organ prolapse.[3] Now emphasis on minimally invasive surgery has lead to a resurgence of interest and importance of VH for non-prolapse indications i.e. non-descent vaginal hysterectomy (NDVH) as the scarless hysterectomy.[4,5]

In the past, surgeons performed approximately 75% of these procedures abdominally despite reported to have a higher incidence of complication, a longer length of hospital stay and convalescence and greater hospital charges but now data obtained from hysterectomy surveillance studies show that during the early 1990s, there was a 10% to 15% decline in the percentage of abdominal hysterectomy performed. [6,7]

Aims and objectives - to assess and compare various factors like

- Operative duration of surgery
- Intra operative blood loss
- Intra operative and post-operative Complications
- Post Operative Analgesia Requirement
- Post-Operative ambulation and duration of post-operative hospital stay

Discussion:

The absence of formal practice guidelines that clearly identify appropriate candidates for

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vaginal hysterectomy, abdominal hysterectomy and laparoscopic ally assisted vaginal hysterectomy, a lack of training and experience in vaginal and laparoscopic techniques, a reluctance to perform vaginal surgery when the uterus is significantly enlarged in nulliparous women, or in the absence of uterine prolpse.[8-10] It is well known fact that 70-80% of hysterectomies done for benign condition are through abdominal route. Vaginal hysterectomies are usually performed for prolapsed case[11] With adequate vaginal access and technical skill, good uterine mobility vaginal hysterectomy can easily be achieved. The main supports of the uterus, the uterosacral and cardinal ligaments situated in close proximity to vaginal vault can be easily divided to produce descent[12] Multiparity, lax tissue due to poor involution following multiple deliveries and lesser tensile strength afford a lot of comfort to vaginal surgeon even in presence of significant uterine enlargement.[13] vaginal hysterectomy has benefits over abdominal hysterectomy in terms of Cosmetic advantage, as no visible scar, Shorter operative time, Lesser blood loss, Lesser post-operative morbidity, Lesser intra operative and post-operative complications, Smooth post-operative period and faster recovery, Less requirement of post-operative analgesia, Early ambulation, Enhanced patient comfort, Short Hospital stay and early discharge, Early return to work and normal household activities, Lastly in patients with associated medical problems like diabetes mellitus, hypertension and cardiovascular disease, non-descent vaginal hysterectomy is less invasive, acceptable alternative to abdominal hysterectomy. Hence NDVH is a better option for females requiring hysterectomy.

Conclusion::

The presence study concludes that patients requiring hysterectomy may be offered the option of vaginal hysterectomy which has quicker recovery , shorter hospitalization, lesser operative and post operative morbidity compared to abdominal route.

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