Original Article

Vaginal Hysterectomy: Outcomes as 24 hr Short Stay Surgery

Raheel Sikandar, Rajab Ali Khwaja, Nusrat Nisar

ABSTRACT

OBJECTIVES: To find out feasibility, acceptability and Patient satisfaction with vaginal hysterectomy performed as 24 hour hospital stay case.
Study settings:- This study was carried out at Gynae Obs. Unit-IV of Liaquat University Hospital Jamshoro (tertiary care hospital)from Feb 2011 to july 2012.
METHODOLOGY: This is a descriptive observational studyin which women with utero vaginal prolapse, non-obese, with adequate home support and telephonic accessibility are included. Patients with un-controlled co-morbidities like hypertension, diabetes,obstructive lung disease etc requiring monitoring were excluded from the study, along with the women having adnexal pathology requiring removal vaginally. All parameters of post-operative recovery and satisfaction of patients were noted, compiled and presented.
RESULTS: Out of 57 suitable candidates for vaginal hysterectomy as 24 hour hospital stay surgery only 20 gave consent for participation in study and one refused to go after surgery because of vomiting .None of the19 patient returned back before their first follow up visit that was 9th post-operative day .Three (15%) complained about offensive vaginal discharge,1 (.2%) woman had an episode of heavy bleeding after reaching home but that was controlled by the instructions given on phone. Four (20%) patients, who initially agreed for 24 hour stay, did not want a discharge. Seventeen (85%) patients were not satisfied because lot of apprehension for post-operative home care,and multiple visits to out-patient-department before admission causing financial burden on the family.
CONCLUSION: Vaginal hysterectomy can safely be performed as short hospital stay surgery but lack of infra-structure and awareness of community as well as of primary healthcare provider make it less acceptable, less satisfying and costly at receivers end.

KEYWORDS: Short stay surgery, vaginal hysterectomy and uterovaginal prolapse.

INTRODUCTION

Vaginal prolapse is a common presentation among women presenting in teaching hospital[1].Lack of skilled birth attendant at the time of the delivery is a major contributing factor along with multiparity[2]. Pelvic organ prolapse has quite a negative effect on a woman's quality of life, And it ranges from simple discomfort, psychological and sexual complaints to occupational and social disabilities. Majority of such patients in our set up seek medical care late in life when complication is superadded in the form of infections,menstrual irregularity and urinary problem.Young women usually come for fertility issues and menstrual problems. Vaginal Hysterectomy is an option for perimenopausal women who have long standing disease and no fertility issues. Many a times such patients are refused for hospital admissions due to un-sufficient under of beds in hospital and more acute conditions being put on list .If operated then their hospital stay ranges from 3 to 6 days. Converting this major surgery into day case is an attractive solution to help the population in busy teaching hospitals. A surgical day case is defined by the Royal College of Surgeons of England as "a patient who is admitted for investigation or operation on a planned non-resident basis and who nonetheless requires facilities for recovery".(Royal College of Surgeons of England (1992) Guidelines for Day Case Surgery. London: HMSO).Patient requiring night stay will comprise short stay surgery and not a day case surgery but still have the advantages over long stay inpatient cases. Royal college has laid down working papers and protocols for day care and short stay and in patient surgical patient care but one has to develop local guide lines in this regard.While world is moving towards robotic and tele-surgeries it is time to look into the feasibility of converting major surgeries into short stay or day case surgeries .This provides cure to maximum number patients in the presence of limited number of hospital beds as well as specialists and consultants according to the need of a particular health care system. Changing appropriate procedures to short stay case supports the national need of giving

patients more choice and by reducing inpatient bed days, this can improve patient access.With these perspectives in mind we present this paper sharing results of vaginal hysterectomy done as short stay surgery.

METHEDOLOGY

This prospective observational study was conducted from Feb 2011 to July 2012 at unit IV of Obs/Gynae department Liaquat university Hospital Jamshoro. A total of 107 patients were seen with uterovaginal prolapse and 89 were offered vaginal hysterectomy in the out- patient department.An average of three patient with uterovaginal prolapse at each outpatient clinic are seen in our unit and we have two such clinics per week.But during the study period out of presumed figure of 144 only 107 women came.All these were assessed by author for their suitability as short stay surgery after consultation with anesthetist. Non-obese patients, with adequate home support and telephonic accessibility were included. It was assured that in case of any emergency these patient could reach the facility with in 10 to 15 minuets. Emergency signs were explained to the family members and those were , bleeding, distention of abdomen, vomitting and severe pain. Patients with un-controlled co-morbidities like hypertension, diabetes, obstructive lung disease etc. requiring monitoring were excluded from the study along with the women having adnexal pathology requiring removal vaginally. Only 57 fulfilled the criteria and were advised vaginal hysterectomy as 24 hour short stay surgery. All pre operative evaluation was done through out patient clinic and women were advised to come early in the morning of scheduled operative day. These women were advised not to take any thing by mouth from 12 midnight, and take glycerin suppository at night and evacuate bowel before reaching hospital. All laboratory work up was done and checked, blood group was informed to the family to bring healthy donor on the day of operation. One unit of blood was arranged for all cases . All the procedures were carried out by the author herself . The standard surgical technique was applied including vaginal hysterectomy with anterior and posterior repair according to need. Curved clamps were applied to all pedicles. Each pedicle was transfixed using Vicryl™ (Ethicon, Edinburgh, UK) number one. Opherectomy was not performed in any case. Peritoneum was closed after confirming adequate hemostasis, cystocele was repaired and pedicles were tied to vault which was left open. The postoperative analgesic requirements of women were managed by regular diclofenic sodium injection 12hourly and Nelbuphine injection on need basis . Prophylactic peri-operative antibiotics were given along with Meternidazole infusion during operation. All 20 women were asked about postoperative pain at 1, 6 and 24 hours after procedure .All women were allowed by mouth after 6^{th} post operative hour after listening to bowel sound ,and urinary Catheter and packing if placed inside were removed by duty doctor after 8 hour and doctor was instructed to document normal urination afterwards. All the women were assessed 24 hours after surgery by the authors to decide on suitability for home discharge. The women were discharged with a 1-week supply of ibubruphen 200mg three times with meals, and oral quinolon and meternidozol for 5 days. All women were sent home with written information on discharge and specific advice, with a contact telephone number of medical officer on duty.

RESULTS

A total of 57 women were offered and only 20(35.1%) give consent for short stay after counseling. Mean age of the patient was 53±(35-70) years and mean parity was 6(0-9), 85%(17) have reached menopause, co-morbidities requiring maintenance treatment were present in 3(15%) women .All women living at a distance of less than 6 hours derive from the hospital in private conveyance except 2 (The distance ranged from 3Km to200km but all of them living at their relative or family friend around Jamshoro for the purpose of getting operated). All women given spinal anesthesia. Mean operative time was 50±10 min and mean blood loss 45oml.One patient(5%) refused to discharge due to excessive vomiting. None of the remaining19 patient returned back before their first follow up visit that was ninth post-operative day. Three (15%) complained of offensive vaginal discharge,1(5%) women had an episode of heavy bleeding after reaching home but that was controlled by the instructions given on phone. Four (20%) patients who initially agreed for 24 hour stay were not satisfied because they thought themselves not fit to be discharged from hospital. Seventeen (85%) patients were not satisfied because lot of apprehension and doubts regarding post-operative home care.

TABLE I: PATIENTS CHARECTERSTICS (n=20)

Patients Characterstics	No. of patient
Mean age	53 years
Mean parity	6
Distance from hospital>6hr	2
Mean operative time	50
Mean blood loss	450ml
Return to theater	0
Refuse for discharge with in 24 hr	1(5%)
Post operative bleeding	1(5%)
Post operative infection	3(15%)
Post operative retention of urine	0
Post operative vomiting	1(5%)
Post operative severe pain	0
Post operative headache	1(5%)

TABLE II: REASONS FOR DISSATISFACTION WITH DAY SURGERY (n=19)

Reasons	Number
Not fit for discharge	4(20 %)
Postoperative complications	2(10%)
Apprehension regarding post operative care outside hospital	17(85%)

DISCUSSION

Vaginal hysterectomy is most commonly recommended surgery for uterovaginal proplapse. Surgeons have successfully converted many abdominal hysterectomies to vaginal ones with the help of laparoscope (LAVH)[3] owing to the safety of vaginal rout even in patients having no prolapse. Traditionally old women with vaginal prolapse are admitted to ward many days before the operation to build their health status and to do vaginal packing's in case of ulcers and post operatively for 5 days.In this prospective study we observed the feasibility, acceptability and Patient satisfaction regarding hospital stay for vaginal hysterectomy. The rate of procedural complications, analgesic requirement and bed occupancy has favored this type of surgical care like in other studies[4,5,6]. There is no awareness regarding short hospital stay as quality indicator in the society and day case surgical units with separate trained staff is also not available in many teaching hospitals of the country. These women had to have more outpatient visits till all the preoperative preparations like anesthesia, fitness, physician opinions in case of comorbidities, vaginal preparations for healing ulcers and eliminating local infections, and taking Pap smear were completed. Almost all of the comparative studies[7,8,9] have favored vaginal hysterectomy for less complications and shorter stay but none has taken repeated out-patient visits in account and satisfaction of patient.

Day-case surgery has been promoted remarkably in the developed countries and it is expanding there, many operations can safely be done as day-case surgeries.[10]In many major institutions, more than 50% of all the operations can now be completed on a day basis, and this results in significant savings of inpatient beds and management cost.[11]

Eighty five percent 85% of our women came from outside of jamshoro town. For each visit they had to spend lot of money and many of them lived with local relatives to avoid traveling from home again .So from patient's perspective day case surgery was not cost effective neither it gave satisfaction of being among care providers for immediate help. The investigations advised as outpatients were charged and all the medicines had to be purchased by the patients themselves. Many patients who were discharged, stayed at relative's place or private accommodation instead of going home. After the operations, in normal circumstances these patient utilize public transport but with early discharge they traveled in rented taxis or ambulances. Therefore cost of surgery was reduced with increased financial burdenon. This may be responsible for huge difference in satisfaction index among western population where 95% satisfaction is achieved by patients following day case surgeries[12].Economic evaluation from patients perspective is particularly important in Pakistan because the patients are mostly poor and have limited resources[13].

So we conclude that vaginal hysterectomy can safely be performed as short hospital stay surgery but lack of infra-structure and awareness of community as well as of primary healthcare provider make it less acceptable, less satisfying and costly at receivers end.

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AUTHOR AFFILIATION:

Dr. Raheel Sikandar *(Corresponding Author)*
Associate Professor, Department of Obstetrics & Gynaecology
Liaquat University of Medical & Health Sciences
(LUMHS), Jamshoro, Sindh- Pakistan.
Email: raheel.sikandar@ gmail.com

Dr. Rajab Ali khwaja
Consultant Family Physician
Department of Family & Community Medicine
King Saud Hospital Saudi Arabia.

Dr. Nusrat Nisar
Assistant Professor, Department of Obstetrics & Gynaecology
LUMHS, Jamshoro, Sindh- Pakistan.