



RESEARCH ARTICLE

COMPARATIVE STUDY BETWEEN LAPROSCOPIC AND ABDOMINAL HYSTERECTOMY

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ABSTRACT

Aim: Aim is to study to assess the impact of two abdominal hysterectomy techniques (laparoscopy and abdominal) on various parameter. We studied from June 2016 to Oct 2018. Various parameters are duration of surgery, complication rate during and after surgery, time of ambulation, morbidity and hospital stay, complication related to surgical wound, evaluate safety, simplicity and acceptability of each type of hysterectomy for both patient as well as surgeon.

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INTRODUCTION

Hysterectomy is one of the most frequently performed operations in Gynaecology. Traditionally uterus has been removed by an Abdominal or Vaginal route. In spite of the lower complication rates in vaginal hysterectomies⁽¹⁾, abdominal hysterectomy has been the main method of hysterectomy.

Indications of hysterectomies are AUB, Fibroid, Adenomyosis, Chronic pelvic pain, Post-menopausal bleeding, chronic cervicitis etc.

Laparoscopic hysterectomy is emerging as a definite alternative to conventionally performed abdominal hysterectomy. It provides faster recovery⁽²⁾ and minimal access, reduce trauma and morbidity.

Laparoscopy approach is clearly superior to laparotomy.^(1,3,4)

MATERIAL AND METHOD

It is prospective study. All patient were admitted after proper examination, investigation and fulfilling selective criteria.

Exclusion criteria common for both groups are:

1. Malignancy of any pelvic organ
2. With fixed pelvic pathology
3. Cases with severe medical problems like Ischemic heart disease.

Patient was explained about both method but the decision regarding operative technique to be used in individual case was taken jointly by patient and gynaecologist.

Woman opting for laparoscopy route were informed about possible need for converting laparoscopy to laparotomy if need arise so.

Patient was operated under spinal/epidural/general anaesthesia as decides by anaesthetist.

Bladder was kept catheterized till patient was able to go to toilet on her own.

All cases were observed vigilantly intra-operatively and postoperatively for any complications. Adequate IV fluids, analgesia and antibiotics were given.

Skin stitches were removed on seventh day of surgery in all cases. All cases were advised to return for follow up visit after two weeks of stitch removal.

OBSERVATION AND DISCUSSION

In our study total numbers of cases are 325

Total number of TLH = 38

Total number of AH = 287

Table 1 Duration of Surgery

DURATION(HRS)	TLH	AH
0-30 min	-	-
30min-1hr	-	6
1hr-2hr	24	229
2hr-3hr	14	47
3hr-4hr	-	5
Mean time	112 min	100 min

We did statistical analysis using Z test and got p value >.005 so the duration of surgery in both group not that much significant due to learning curve.

Table 2 Intraop Blood Loss

BLOOD LOSS IN (ML)	TLH	AH
0-100	36	98
100-200	2	156
200-300	0	26
300-400	0	7
>400	0	3

Average blood loss in TLH was <100 ml and it was 100 to 300 ml in AH. Blood loss is less in TLH because of use of vessel sealing device.

We did statistical analysis using Z test and got p value <.001 so suggest that blood loss less in TLH.

Table 3 Post Operative Complication

Complication	Present study		Rebecca M et al (2016)	
	TLH	AH	TLH	AH
Vaginal bleeding	2	5	3	3
Fever	1	5	1	1
UTI	1	2	1	3
Headache		15	-	-
Backache	1	20	-	-
Wound infection		8	1	2
Paralytic ileus	1	20	2	3
Skin infection	0	1	-	-
others	0	1	3	8

About 6 patients suffered from one of the post-operative complications in TLH group while 77 in AH group.

Table 4 Duration of Post Operative Analgesic Medication Need

Duration	TLH	AH
<12 HRS	22	37
13-24 HRS	15	78
25-36HRS	1	166
>36 HRS	-	6
Mean duration	13hrs	36hrs

Table 5 Duration of Hospital Stay

DAYS	TLH	AH
1-2	0	0
3-4	35	0
5-6	3	152
7-8	0	108
8-10	0	21
>10	0	6
Mean duration	3.65 days	6.6 days

One mortality seen in post op AH patient due to wound infection complicated by septic shock.

CONCLUSION

Laparoscopic hysterectomy is safe and reliable alternative to AH in management of benign gynaecological disease which is depends on skilled and experienced surgeon.

Laparoscopic Hysterectomy has more advantages over Abdominal Hysterectomy in form of less operative blood loss, pain, improve quality of life, short hospital stays, ambulation and early recovery time.

Reference

1. Dicker RG, Greenspan JR, Strauss LT, Cowart MR, Scally MJ, Peterson HB, DeStefano F, Rubin GL, Ory HW. Complications of abdominal and vaginal hysterectomy among women of reproductive age in the United States. The collaborative review of sterilization. *Am j ObstetGynecol*1982;144:841-848.
2. Garry R. Towards evidence based Hysterectomy. *GynaecolEndosc* 1998;225-233.
3. Ellstrom M, Ferraz- Nunes J, Hahlin M, Olsson JH. A randomized trial with a cost consequence analysis after laparoscopic and abdominal hysterectomy. *ObstetGynecol*1998;91:30-34
4. Van Den Eeden SK, Glosser M, Mathias SD, Calwell HH, Pasta DJ, Kunz K. Quality of life, health care utilization and cost among women undergoing hysterectomy in a managed care setting. *Am J ObstetGynecol*1998;178:91-100.
5. Rebecca Mallick, James English and Natasha Waters:total laparoscopic hysterectomy vs abdominal hysterectomy in the treatment of benign Gynaecological Disease: a retrospective review over 5 year.december 28 2016.
