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Manual of Way Forward

Vaginal Surgery

Simplified by Masters

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CHAPTER

3 Counseling and Complications in Vaginal Hysterectomy

Richa Patel

Opening the abdomen is not a sin, keep threshold low.

INTRODUCTION

Harry Reich performed the world's first laparoscopic hysterectomy in 1988. The initial intention was to replace some of the abdominal hysterectomies performed by laparotomy. Glamour of laparoscopy hypnotized everybody. The process of rethinking started which rejuvenated the otherwise forgotten art of vaginal hysterectomy. According to the most recent surveillance data from the CDC, hysterectomy is the second most frequently performed surgical procedure for women of reproductive age.[1] Regardless of the surgical technique used, hysterectomy is associated with short- and long-term complications as with all surgeries, complications related to hysterectomy should be carefully scrutinized to allow the surgeon and patient to better understand the risks (versus benefits) of this intervention for the patient's disease. A hysterectomy may be performed via abdominal, laparoscopic, or laparoscopic-assisted abdominal or vaginal approaches.[2]

All women considering hysterectomy should be aware of these risks prior to surgery, in order to make an informed decision as to whether the procedure is the best treatment option. Rates of certain complications also vary by route of hysterectomy. The lowest complication rates are generally associated with simple vaginal hysterectomy. Benefits of vaginal surgeries such as, Hospitalization, pulmonary complications, morbidity, and mortality are reduced; Discomfort and pain are reduced as a result of minimal or almost no handling of the bowel; Reduced operating time, better drainage, and simpler anesthesia; Intestinal—flatulence, pain, and ileus are less; Reduced incidence of thrombophlebitis and emboli; Hastened recovery as a result of largely extraperitoneal surgery; No abdominal scar or adhesions. It is important for the surgeon to select the operation that is best for the patient and not the one that is best for the surgeon. So, let us all get skilled in best the approach.

Hysterectomy is generally a safe procedure, but with any major surgery comes the risk of surgical and postsurgical complications.

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COMPLICATIONS

As with any surgery, there are certain complications that may arise with a hysterectomy. In both abdominal and vaginal hysterectomy, pelvic infection occurs in approximately 4% of cases.[7,8]

Patient safety indicators related to hysterectomy:

- Infection and fever
- Bleeding
- Blood clots in the leg that can travel to the lung
- Anesthesia-related complications with the lungs or heart
- Nerve or tissue damage
- Bowel obstruction
- Fistula formation
- Accidental puncture or laceration
- Injury to the ureter
- Injury to the bladder
- Foreign body left during the procedure
- Postoperative hemorrhage or hematoma
- Postoperative physiologic or metabolic derangements
- Postoperative respiratory failure
- Postoperative pulmonary embolism or deep vein thrombosis
- Postoperative sepsis
- Postoperative wound dehiscence
- Thromboembolic disease
- Fallopian tube prolapse
- Vaginal vault prolapse
- Vaginal cuff evisceration

Possible Long-term Complications

- *Early menopause:* Many of the long-term complications associated with hysterectomy arise secondary to changes in hormonal balance.
- *Sexual impaired function:* Studies have found that concern about posthysterectomy sexual dysfunction is the most common cause of anxiety for women undergoing the procedure.[8]
- Psychological effects
- Immediate catheter removal postoperatively is strongly recommended to reduce the risk of this complication.
- Risk of postoperative infection can be lowered substantially with the use of prophylactic antibiotics.

CONCLUSION

- With an emphasis on optimizing surgical technique, do the proper counseling to choose best approach, use of best resources, proper

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instruments, early recognition of surgical complications, and timely management, we aim to minimize risk for women undergoing vaginal surgeries.

- More you operate, more you will come across complications and more expertise you will be.

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