

# Hysterectomy for gynecological indication at the General Hospital of Kasenga, in the city of Uvira, in the Province of South-Kivu in the Est of the Democratic Republic of Congo

## Abstract

We conducted a retrospective and cross-sectional study. We collected the data over a period of one year. It took place over a period of time from January 25, 2021 to January 25, 2022 in the obstetrics gynecology departments of the General Hospital (GH) of KASENGA in the city of Uvira in the province of South Kivu in the East of the Democratic Republic of Congo (DRC). The main objective is to determine the frequency of hysterectomy in this part of DRC and to determine what would be the gynecological indications.

Only patients who underwent hysterectomy for gynecological indication were included in our study. We found that the frequency of hysterectomies for gynecological indications compared to all surgical activity was 12.5%. The average age of our patients was 54.2 years. The indications were dominated by hysteroceles (44%) and uterine myomas (20%).

The approach was vaginal in 52% and abdominal in 48%. The hysterectomies were total in 92% of cases and radical in 8% of cases. We did not note any major complications except parietal infections which were in 16% of cases. All patients received postoperative antibiotic prophylaxis. No anticoagulant treatment was prescribed.

After this work we found that hysterectomy is frequent at the Reference Hospital (HR) of KASENGA with the main indication, hysterocele according to the different degrees. We did not have many complications and this would be due to the early antibiotic prophylaxis. The improvement of socio-economic conditions, awareness and early detection should improve the conditions of care.

**Keywords:** hysterectomy, indications, complications, treatment, way, HR/ KASENGA

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## Introduction

There are several surgical interventions in gyneco-obstetrics; in particular hysterectomy which is a surgical intervention consisting in the removal of the uterus. It can remove the entire uterus (total hysterectomy) or leave the cervix in place (subtotal hysterectomy). It can sometimes be associated with the removal of neighboring organs such as the fallopian tubes and ovaries (total hysterectomy with uni or bilateral adnexectomy), the collar of the vagina (colpohysterectomy) with lymphadenectomy (Wertheim operation).<sup>1,2</sup>

Currently, hysterectomy remains one of the most performed surgical procedures in gynecology, but its rate varies from one region to another.<sup>3,4</sup> This rate depends on differences in socio-economic levels, health systems, level of education and psychosocial behavior of populations.<sup>1</sup>

In industrialized countries, the practice of hysterectomy is in significant decline, due to improved screening and early treatment of precancerous lesions in the cervix.<sup>5</sup> On the other hand, this intervention is still frequent in developing countries,<sup>6</sup> especially for hysterectomies for obstetrical indication<sup>7</sup> and this is why we have set ourselves the goals of determining the frequency of hysterectomies for gynecological indications.

## Material and methods

This is a retrospective study of patients in whom a hysterectomy for gynecological pathologies was performed in the obstetrics

gynecology departments of the General Hospital (HG) of KASENGA in the city of Uvira from January 25, 2021 to January 25, 2022.

Our objectives were to determine the frequency of hysterectomy, to analyze the indications, to inventory the complications and to evaluate the postoperative treatment as well as the duration of hospitalization. All patients aged over 35 constituted the study population. Our sample was 25 patients who underwent hysterectomy for gynecological indication.

The information was collected from intervention registers and patient files. We have chosen as elements of analysis: age, indications, complications and treatment, the chosen approach (upper or vaginal route)

We excluded from our study, any other patient having undergone any surgical intervention whose indication was not gynecological. Data were entered and analyzed using SPSS Statistics software.

## Results

### Breakdown of hysterectomies according to patient age

During the study period, 200 patients were operated in the department of gynecology and obstetrics of the HG of Kasenga, only 25 patients benefited from a hysterectomy for gynecological indication, that is a frequency of 12.5%. The average age of our patients was 54.2 years with extremes ranging from 40 to 83 years.

The age group of 40 to 49 years was the most represented (11 patients, or 44%). No patient was under 40 years old (Table 1).

**Table 1** Breakdown of hysterectomies according to patient age

Age (years)	Number	Average (years)	%
40-49	11	54.2	44
50-59	6		24
60-69	5		20
≥70	3		12
Total	25		100

### Distribution of hysterectomies according to their indications

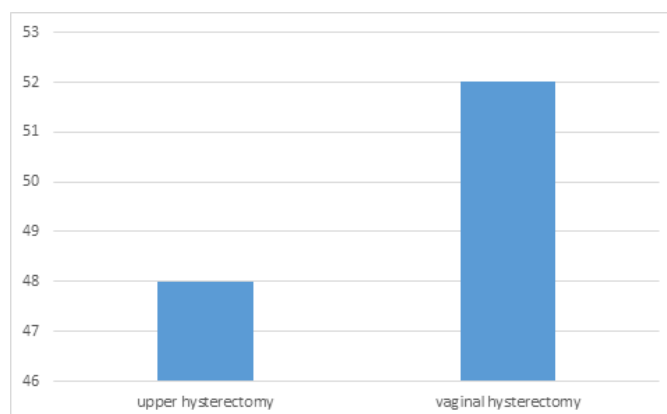
The Table 2 below shows that hysterocele is the most frequent indication for hysterectomy (11 patients, 44%), followed by uterine myomas (5 patients, 20%), cervical cancers (4 patients, 16%), uterine prolapse (2 patients, or 8%) and metrorrhagia (2 patients, or 8%). We had noted only one case (4%) of hysterectomy for cervical elongation.

**Table 2** Breakdown of hysterectomies according to their indications

Directions	Number	%
Myomas	5	20
Hysterocele	11	44
Metrorrhagia	2	8
Cervical cancer	4	16
Cervical strain	1	4
Uterine prolapse	2	8
Total	25	100

### The approach for hysterectomy

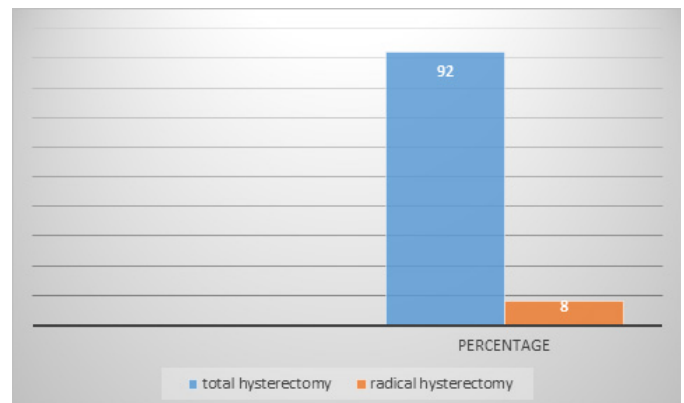
The Graph 1 below shows that the vaginal (lower) route was used the most (13 patients, 52%) compared to the abdominal route (upper) (12 patients, 48%).



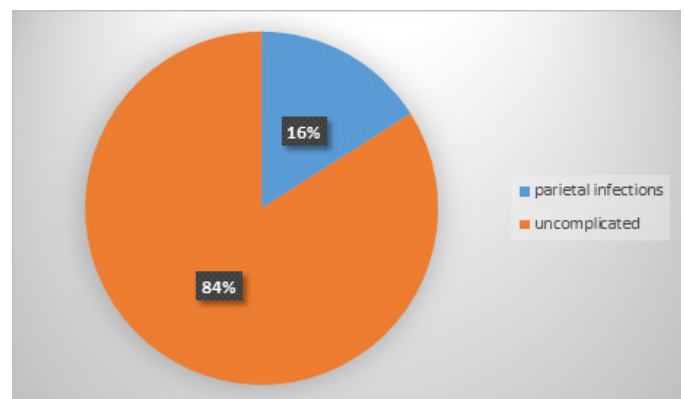
**Graph 1** The approach for hysterectomy.

### Performing the hysterectomy

This Graph 2 shows that the hysterectomy was total in 92% of cases and 8% of cases it was radical.



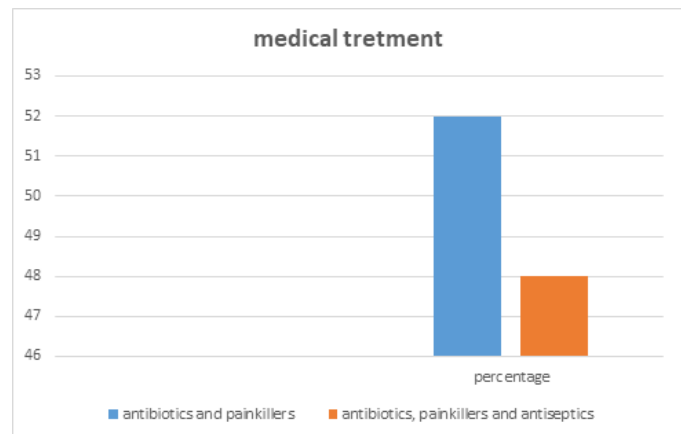
**Graph 2** Type of hysterectomy.



**Graph 3** Appearance of post-operative complications.

### The medical treatment received post-operatively

This Graph 4 shows that all the patients received a treatment consisting of a combination of antibiotics and analgesics (52%), and analgesics, antiseptics and antibiotics (48%). However, none of these patients received antitrombotic treatment.



**Graph 4** Medical treatment received after the operation.

### Discussion

The total number of our work was 25 patients who received a hysterectomy for gynecological indication out of 200 interventions performed in the gyneco-obstetrics department during our study period, this means that the 175 other interventions were caesarean sections or were hysterectomies for obstetrical indication, in

particular postpartum haemorrhagics. The 25 hysterectomies represent 12.5 % of the interventions carried out in the department, contrary to the frequency found around 2009 in Brazzaville which is 6.8%, this is explained by the fact that the HG of KASENGA is the only hospital where this intervention is practiced in the city of Uviran given the presence of a Gynecologist. Some authors, around 2009 in Brazzaville, showed a frequency of 6.8%.<sup>1</sup> Other studies dating from the years 1993 have shown up to a workforce of up to 50% among black women unlike white women.<sup>8</sup> This number of our study is also facilitated by a humanitarian organization that supports women with gynecological pathologies (MAMAS for Arica). Note, however, that it is not too high because many of the patients still resort to traditional medicine which is more accessible given its lower cost.

Our average age (54.2 years) remains high compared to other studies found, showing the average age of 42.4 years.<sup>1,8</sup> This is explained by the characteristic of our study population whose minimum age was 40 years.

Hysterectomy indications were dominated by hysteroceles (44%) followed by uterine myomas (20%) and cervical cancer (16%). Contrary to other studies which showed rather a high frequency of uterine myomas than other indications.<sup>1,9,10</sup> A study conducted in France showed a frequency of approximately 70% of benign pathologies of the uterus in the indications for hysterectomy.<sup>11</sup>

The vaginal route was the most used in our study (52%) unlike other studies which preferred the abdominal route (30.3 and 82.5%) and this is due, in these studies to indications dominated by very large volume of uterine fibroids and gynecological cancers.<sup>1,12</sup> The vaginal route is more used in our country because of benign indications such as hysterocele and prolapse, which are the most frequent; as almost in this study where 70% of benign pathologies were treated vaginally.<sup>11</sup>

The hysterectomy was total in 92% of cases for our study. It is close to the results found in a study conducted in Brazzaville in 2009 (89.6%).<sup>1</sup> This technique to do a total hysterectomy is preferred to avoid the occurrence of cervical cancer internally. Radical hysterectomy has only been performed for cancer gynecologists, who nevertheless remain under-screened and under-diagnosed.

Among the operated patients, only 16% had presented complications and it is only parietal infections. These results are the result of the presence of a more conscientious team and good post-operative follow-up of the patients. No other complications were reported. Others talk about 41.5% to 60% of patients who had presented a pre or postoperative complication, dominated by infections and haemorrhages.<sup>1,10,12-15</sup> The low prevalence of postoperative infections could be explained by early antibiotic prophylaxis. It should be noted that all the operated patients received antibiotic prophylaxis (100%). It should be noted, however, that none of our patients benefited from preventive anticoagulant treatment which is still recommended in pelvic and pelvic surgery.

## Conclusions and recommendations

Hysterectomy remains among the surgical acts carried out in the gynecology-obstetrics department of the HG of KASENGA in UVIRA. We are interested in gynecological indications. It concerned patients aged over 35 years and whose average age found was 54.2 years but with a predominance between 40 and 50 years. The main indication was dominated by hysteroceles and uterine fibroids with the vaginal approach performed in more than half of the cases. Note that the hysterectomy was total in 92% of cases.

We did not notice many complications, thanks to early antibiotic prophylaxis. None of the patients received preventive anticoagulant treatment. The introduction of anticoagulants would be necessary in the prevention of thrombosis.

Awareness of the population, adolescent as young adult or not, on screening and prevention of benign and especially malignant lesions, could improve the prognosis and avoid major surgery.

The majority of women regard the uterus as an indispensable part of femininity and therefore of sexuality. Thus, before proceeding with a hysterectomy, it is necessary to think of the physico-psychological consequences of the woman and especially of her obstetrical future if she still wishes to give birth.

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## Conflicts of interest

All authors declare any financial interest with respect to this manuscript.

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