

Abdominal Hysterectomy Post Operative Complications

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Case Report

46 yo ♀ D7 post total abdominal hysterectomy for heavy menstrual bleeding presented with sepsis secondary to pelvic haematoma. This was reflected in biochemistry with a CRP of 500 mg/L and WCC of $18 \times 10^9/L$. Evidenced on a CT Abdominal/Pelvic scan was a 200x70mm heterogenous density in keeping with haematoma at the operative bed. Haemodynamically unstable with an haemoglobin drop from 98 to 70 g/L, the decision was made to proceed with a relook laparotomy where a 550mL haematoma was evacuation. The patient in question was comorbid with a high BMI and two previous caesarean sections. Her recovery was hindered with bilateral segmental provoked PE requiring and extended period of anticoagulation.



Image 1: CT abdo/pelvis with contrast: *fluid of heterogeneous density in keeping with haematoma. This extends into the superior pelvis around multiple loops of bowel. A small amount of fluid is in Morrison's pouch*

The Data

Post operative complications following abdominal hysterectomy include haemorrhage, infection and thromboembolic events. The risk of return to theatre is 0.3 percent [1]. The risk increases if the patient suffers diabetes and/or adhesions (adjusted odd ratios of 1.16, 95% CI 1.03-1.30 and 2.46, 95% CI 2.27-2.66, respectively) [2]. Noting the history of two previous caesarean sections predisposing the patient in this case. Intraabdominal haemorrhage occurs in less than 2 percent of cases [1]. Dependant on the clinical picture, intraabdominal haemorrhage can be treated with expectant management, interventional radiology or surgical managed. Intraabdominal post operative infection rates are reduced with prophylactic antibiotics and occur in less than 0.1 percent of cases [3]. The rates of venous thromboembolism are low but increase to 15 to 30 percent if no thromboprophylaxis as in the case in question [3].

Take Home Messages

- Post operative complications are rare but carry a level morbidity and mortality.
- Prompt diagnosis and treatment improve outcomes
- Prophylactic antibiotic reduce post operative infection risk
- Thromboprophylaxis reduce venous thromboembolism risk

References;

- [1] Maresh MJ, Metcalfe MA, McPherson K, et al. The VALUE national hysterectomy study: description of the patients and their surgery. BJOG 2002; 109:302..
- [2] Madhvani K, Garcia SF, Fernandez-Felix BM, et al. Predicting major complications in patients undergoing laparoscopic and open hysterectomy for benign indications. CMAJ 2022; 194:E1306.
- [3] Mäkinen J, Johansson J, Tomás C, et al. Morbidity of 10 110 hysterectomies by type of approach. Hum Reprod 2001; 16:1473..