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Clinical indications for total abdominal hysterectomy among women seen in Dares Salaam regional referral hospitals, Tanzania: a prospective, observational hospital-based study

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Statement of the Problem: Total abdominal hysterectomy is among the commonest gynaecologic surgeries observed in Africa. However, there exists a gap in published data to support this hypothesis. Information on hysterectomies reported from sub-Saharan Africa reflects mostly obstetric indications. The purpose of this study was to assess and document clinical indications for total abdominal hysterectomy in Dar es Salaam hospitals.

Methodology & Theoretical Orientation: A prospective hospital-based study was conducted in Dar es Salaam, Tanzania from March-October 2017. Women attending the facilities with clinical conditions necessitating abdominal hysterectomies were the target population. Each woman was followed from the time of planning for surgery until at most 72-hours post-surgery or discharge from the wards whichever came first. Continuous variables were summarized using median (with corresponding inter-quartile range). Categorical variables were summarized using frequency (%). Data outputs were created using SAS version 9.4. Verbal informal consent was sought from each individual prior to inclusion to this study.

Findings: We recruited and prospectively followed-up 107 patients. Median age of participants was 42 (IQR: 37-47) years. Uterine leiomyoma (84.1%) was the leading indication for hysterectomy. Only about a third (30.8%) of followed-up women had provisional diagnoses at the time of surgery. None of the study participants reported receipt for confirmatory histological findings of her uterus up to the hospital discharge time post-surgery.

Conclusion & Significance: Uterine leiomyoma was the leading indications for total abdominal hysterectomy in Dar es Salaam, Tanzania. No histological findings to back up diagnoses were given back to patients at the time of the study. Recommendations: Regular clinical audits on surgical interventions are warranted in this setting.



Figure 1: Effects of alcohol on the pharmacokinetics of methamphetamine (METH), 3,4-methylenedioxymethamphetamine (MDMA), cocaine, and nicotine. (↑: increase or enhancement; ↓: decrease or deterioration).

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