

Post Op Hysterectomy Complications

Hysterectomy is one of the most frequently performed OR procedures each year
Complications can be either early (first 24 hrs) or late

Risk of complications are related to the type of hysterectomy - vaginal hysterectomy has lowest risk, followed by laparoscopic and then laparotomy

Early Complications

Intra Abdominal bleeding - hypotension, tachycardia, increasing pain and abdominal distention, low urine output

Urinary retention

Genitourinary - hematuria, low urine output

Late onset complications

Surgical site infection most common complication - hematoma, cuff abscess
Thromboembolic

Gastrointestinal - bowel obstruction, nausea, vomiting, ileus

Nerve injury

Vaginal cuff dehiscence (more common in laparoscopic or robotic surgeries)

ERAS - Enhanced Recovery After Surgery

Maintain normal physiology in the peri-op period

Reduces length of stay, pain, analgesia meds, increases bowel function

Reduces readmission, mortality and re-operation rates

Pre Op ERAS

Pre-operative nutrition

Reduce smoking and excessive alcohol intake

Reduce fasting interval

Regional anesthesia better than general

Non-opioid analgesia

Normothermia

Early mobility

Post op ERAS

Early removal of foley or no foley
Thrombophylaxis
Early feeding

Questions

Miscarriage

One out of 5 pregnancies end in miscarriage
When a miscarriage is diagnosed, options include expectant, medical or surgical management.

Complications of Mifepristone/Misoprostol

Approved by FDA as safe 20 years ago

Can be used for medical treatment of missed abortion and elective abortions prior to 10 weeks

Mifepristone blocks progesterone - single oral dose

Misoprostol causes uterine contractions - buccal or vaginal dose 24 hrs after Mifepristone

Combination of meds much more effective than Misoprostol alone

98% will complete miscarriage within 7 days

Side effects

Cramping
Nausea
Diarrhea
Incomplete miscarriage