



Guest Editorial

Emergency Peripartum Hysterectomy (EPH): A taboo for women

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Hysterectomy is a surgical procedure conducted to remove a part or whole of uterus with or without ovaries and fallopian tubes. Uterus also known as “Womb” is a muscular, bag like organ which holds the embryo later fetus for the whole gestation period till birth. Uterus not only makes a woman fertile; it also holds endocrine functions which are very much important for balanced hormonal conditions of a female. Various medical conditions require hysterectomy for example, uterine cancer, uterine fibroids, endometriosis, prolonged heavy vaginal bleedings, adenomyosis and adherent placenta. It is the least option to be selected when there is no option to treat the undergoing medical condition. Although most of the hysterectomies are performed in aged women having age above 40 or 50 where all or most fertile life has been passed, but it is also common in young women who suffer severe life-threatening medical condition like adherent placenta (placenta previa or accreta) in which placenta is abnormally implanted deeply in the uterine wall and may attach to urinary bladder. There are many types of hysterectomies which are adopted depending upon the medical issues for example, abdominal, vaginal, radical or subtotal. Hysterectomy leads a woman no longer able to reproduce, arrival of possible side effects including weight gain, facial hair growth and no estrogen formation if ovaries are also removed. Most of females refuse for hysterectomy until the doctors explain there is no way out. The need of this operation is a major shock for most of women while relief for some elderly women. Many myths are associated with this problem. Women feels loss of womanhood. Anxiety, emotional disturbances after hysterectomy can lead to post traumatic stress disorder (PTSD). This risk is more common in young females who are in their fertile ages.

Unfortunately, in recent years, cases of hysterectomies have been increased due uterine problems named above. One type of this major surgery includes emergency peripartum hysterectomy (EPH), a major operation performed in emergency, when there is life threatening hemorrhage after or during vaginal or abdominal deliveries. Although medical science has seen huge advances to deal pregnancies, labor and safe deliveries of babies, post-partum hemorrhage has increased the maternal morbidity and mortality rate. This surgery is the only way left to save a life from life threatening hemorrhage when all other medical methods are not applicable. Many complications are also associated with this surgery like huge blood loss and need of blood transfusion, perinatal death, urinary bladder injuries, urinary tract infection, clot formation etc. The ratio of EPH is about 1 in 1000 deliveries. Major cause of EPH is placenta accreta. EPH is the ultimate option which is acquired to save a life but its decision is difficult to be made for those young women who still want to preserve their fertility and want to embrace motherhood. Many of the young women undergo depression and face post-traumatic stress disorder due to

difficulty in acceptance of their loss. Unfortunately the cases of EPH are increasing specially in women under age 35. Considering above discussion, it is necessary to carry out histopathological and hormonal studies to find out the major reasons which cause uterine abnormalities leading to various types of hysterectomies including EPH, It is necessary to find out new medical or surgical procedures which can be helpful in diminishing its chances so that this taboo to women can be eradicated. It is also essential to deal post-traumatic stress disorder (PTSD) with more realistic approach for helping women to come out and lead towards acceptance.