THE AMERICAN

JOURNAL OF OBSTETRICS

AND

DISEASES OF WOMEN AND CHILDREN.

VOL. XLIV. AUGUST, 1901. No. 2.

ORIGINAL COMMUNICATIONS.

POST-OPERATIVE SEQUELÆ AND CONSERVATIVE GYNECOLOGY.[1]

BY

FRANK R. OASTLER, M.D.,

Attending Gynecologist, Good Samaritan Dispensary; Assistant Attending Gynecologist, Vanderbilt Clinic; Assistant Attending Surgeon, Roosevelt Out-Patient Department, New York.

THE history of gynecology is but a repetition of many another department of general surgery. The disappointing results following palliative treatment in years past led the gynecologist to resort to operative interference, and with such success, as compared with older methods, that operative procedure was carried to an extreme beyond reason and consequently many patients were compelled to undergo the discomforts of the early menopause needlessly. From this pinnacle of radicalism the tide seems to be turning, and although to-day complete hysterectomy is undoubtedly performed without proper indication, nevertheless the general tendency is toward conservative gynecology.

This article has been written to emphasize as far as possible the many disagreeable features of the artificial menopause, in the hope that the attention of physicians may be attracted toward

[1]Read before the Roosevelt Hospital Alumni Association, April, 1901.

the more conservative method of gynecological surgery, to wit, partial oöphorectomy, partial salpingectomy, partial hysterectomy, hysterectomy without oöphorectomy, implantation of ovaries and vaginal drainage. It has been the purpose of the writer to obtain as nearly as possible the post-operative sequelæ of some two hundred cases of complete hysterectomy and double salpingo-oöphorectomy and one hundred and fifty cases of the more conservative operative procedures, so that the merits and defects of each method may be honestly compared and sequelæ noted. The cases extend over a period of eight years. The results appended are not in accord with many previous reports on the subject, and differ materially from the prognosis given in the daily routine of medical practice, generally speaking. An examination of the material presented by the journals and text books on gynecology has shown that the more conservative operative work has been mentioned with little favor, post-operative results being considered far less satisfactory than when the more radical operations were performed. Partial oöphorectomy, for instance, has been generally looked upon with disfavor, and hysterectomy without oöphorectomy has been regarded with suspicion.

In the compilation of material of this sort it is, of course, very difficult to obtain absolutely accurate results. The personal equation is a difficult problem to solve; our temperaments change from day to day; symptoms vary, depending upon individual susceptibility; the memory is apt to mislead when carried over too great a period, and, as is always the case in seeking facts, direct questions are apt to influence the answer of the patient, especially if she be at all diffident. Special effort, however, has been made to eliminate these possible sources of error and a fair average has probably been obtained. Before proceeding further the writer wishes to express his thanks to Drs. Cragin and Tuttle for their kind assistance in placing the material of Roosevelt Hospital at his disposal. A majority of the cases have been taken from this source.

In the consideration of major gynecological operations, there seems to be a tendency among many gynecologists to minimize the importance of the so-called post-operative symptoms, and the subject is, as a rule, dismissed without very much serious thought. It is too true that ovaries are removed with far less hesitation than testicles. The treatment of enlarged prostate by orchidectomy has fallen into disrepute, partly on account of disagreeable sequelæ often resulting in insanity; and yet how

many times a year do we see so-called "cystic ovaries" snatched out without a thought and displayed in triumph before a more or less admiring audience! Reference to the results here appended, it is to be hoped, will emphasize the importance of avoiding the artificial menopause, even at the risk of secondary operation. In discussing the post-operative sequelæ, those following complete hysterectomy will be considered first. Generally speaking, patients operated upon close to the menopause pass through the post-operative period without much discomfort, but, removed by even a few years from this time, it will be seen that they are very often exposed to an extremely disagreeable train of symptoms, and the further removed from the menopause the greater the suffering. Of the two hundred cases selected, the diseases necessitating operative interference were carcinomata, sarcomata, and fibro-myomata of the uterus, septic metritis, rupture of the uterus, ovarian cysts, pyosalpinx, tubo-ovarian abscess, tubercular salpingitis, hydro- and hematosalpinx, and ectopic gestation. The difference in the method selected, whether abdominal or vaginal, seemed to make no change in the post-operative sequelæ, except that there appeared to be more pelvic pain following the vaginal route, and of course greater tendency to hernia in the abdominal. Post-operative sequelæ were far more severe, however, on patients suffering from previous suppurative disease than upon those afflicted with new growths, etc., carcinomata and sarcomata excepted, for in the latter all but one or two eventually died of recurrence. It would appear that the absorption of septic material for some long time, as in cases of pyosalpinx, had some particular lasting effect upon the constitution of the patient, rendering her more susceptible to disagreeable sequelæ; and, too, in the process of healing of the pelvic wound area in these cases, contractions and adhesions were more liable to occur, thus accounting for the increased pelvic tenderness and pain found. It is hardly necessary to mention that nearly every case was relieved almost entirely from the original symptoms of the disease for which the patient was treated, malignant disease excepted; on the other hand, an almost universal complaint was a sense of general physical weakness which failed to disappear with time. In almost all the patients there was an increase in weight varying from ten to one hundred and ten pounds, the average being twenty-five pounds, but the greater part of this increase was to be credited to subcutaneous fat of an exceedingly flabby nature. This increase in the fatty substances of the body could probably

be attributed not so much to the improved general condition of the patient as to that cause which governs the peculiar contrasting relations between adiposity and sterility. With all this fat, however, the common complaint was constant exhaustion, inability to withstand the ordinary amount of fatigue, and an entire loss of energy. For instance, one woman informed the writer that she had done the washing and housework for her family almost to the time of operation, but that since operation she seemed to have lost her strength, so that now, while apparently well, she was unable to perform her household duties. This was but an example, of which there were many.

The post-operative sequelæ, for purposes of classification, may be subdivided into general and local. The general may be again divided into (1) those resulting from vasomotor changes, (2) those affecting the central nervous system. Local symptoms have reference to changes in the breasts, external genitals, vagina, and broad ligaments. Probably the most annoying symptom, affecting almost every patient more or less, was what is commonly called the hot flash. It appeared to be involuntary, occurring without apparent cause, or brought on by the slightest excitement or exertion. Hot flashes would begin immediately after operation and last in 30 per cent of the cases four months, 40 per cent one and one-half years, and the rest from four to eight years, very many of the latter belonging to the eight-year class. In some the severity and frequency of the symptoms seemed to diminish gradually from the time of operation, but in many they increased to one and one-half years and then diminished, while others continued to get worse to the date of examination. So distressing was this symptom that many patients expressed a desire to die rather than suffer the misery of their present existence. Accompanying the hot flash there was nearly always a more or less deep flushing of the face, very embarrassing to the patient, and with this many called the writer's attention to an unusual sensitiveness to cold and inability to keep the extremities warm, even in moderate weather.

In six patients a peculiar bloated condition of local origin and varying duration was noted. The swellings appeared indefinitely on the face, lips, neck, hands, or, in fact, any part of the body. Beginning suddenly, they lasted from a few hours to two or three days and reappeared at intervals of two days to three months. The patient was carefully examined, but no cause could

be found for the condition. .It might possibly have been of neurotic origin, acting locally on the vaso-constrictors of the smaller arterioles. Symptoms such as vertigo, headache, malaise, palpitation of the heart, were of common occurrence. The general appearance of the patient was good and evidences of anemia were present in only a few instances.

About 75 per cent of the patients complained of constantly increasing nervousness. In some there would be ever present the feeling of being under constant tension, with a desire to jump at the slightest disturbance. Other patients complained of increasing irritability of temper, bad memory, and not a few of symptoms bordering on melancholia, that is, a morbid condition of pessimism, changing what was originally a cheery nature to one of constant brooding. No definite case of insanity was noted.

In about one-third of the patients it was found that at the time of the regular monthly sickness a variety of symptoms occurred, each differing with the patient examined and all more or less discomforting. This menstrual rhythm would continue each month with great regularity. The duration of the period was about three days. The symptoms noted were, a feeling of general weakness, fulness and bloating of the abdomen, indefinite pains in the sides of the abdomen and back, marked depression, nausea, headache, and leucorrhea. These symptoms correspond in a measure to the premenstrual period of congestion common to many women.

The sexual desire in a few cases was increased after operation, but in the majority of cases it gradually diminished and in a few it was entirely lost. It remained unchanged in 15 per cent. This diminution in the sexual desire, together with the shortened vagina (where the supravaginal operation was not performed), interfered with coitus, thereby seriously disturbing the marriage relations in 10 per cent of the patients. This fact, together with the changed disposition of the patient and the inability to bear children, resulted in divorce proceedings in several instances.

It may be of interest to mention that a majority of the patients operated complained of attacks of chronic gastritis, which condition was not present previous to operation. Whether or not this was a reflex neurosis is a matter of opinion.

Taking into consideration the local changes, it was noticeable that the breasts increased in size very generally. There was, however, atrophy of the gland tissue, the increase being fat. The

external genitals always presented evidences of atrophy, with contraction of the vagina often, and the vaginal mucous membrane in very many cases was the seat of a post-operative vaginitis comparable to the senile vaginitis of the text books. This condition was somewhat peculiar. The mucous membrane was for the most part pale, but here and there were scattered brownish-red patches or excoriations which were quite tender and which secreted a thick, offensive, irritating pus and caused a constant smarting, burning sensation in the vagina. These excoriations not only involved the vagina, but extended around the urethral orifice, vestibule, and labium minus. The duration of the condition varied, but the tendency was toward constant recurrence, rendering the patient quite miserable from burning and itching, and repeated soiling of napkins. Coitus, of course, was inhibited. With many patients there was an abundant discharge of bad odor following hysterectomy, independent of the condition mentioned above. The condition followed more particularly suppurative diseases and was due to an old chronic inflammation of the vaginal mucous membrane. Accompanying this a point of tenderness would often be found in the vaginal vault due to the vaginitis, a tender scar, or some thickening of the broad ligaments with adhesions. With respect to supposed changes in the voice, the figure, and increased growth of hair on the body, nothing was noted. There was no apparent diminution in the size of the pelvis.

Referring now to conditions found where the ovaries were removed and the uterus was left either loose or attached to the abdominal wall, it must be conceded that in general the post-operative results were more unsatisfactory than when the complete operation was performed. The symptoms were quite as severe, and, in addition, often a large, pendulous uterus was left the seat of chronic metritis and endometritis to cause further trouble. If such a uterus remained free it often retroverted; if it were attached to the abdominal wall it was apt to be a constant source of dragging pain at the point of adhesion. In three cases where the ovaries were presumably removed, menstruation continued and is still present. A number of patients menstruated once or twice after operation. Five cases had to return for curettage, suffering from the usual symptoms of metritis and endometritis, and several returned to have the hysterectomy completed. That menstruation may continue after the ovaries have been removed seems certain, but such a condition is unusual ex-

cept for one or two periods after operation. Many patients suffered from irregular splashes of blood, not connected with the menstrual cycle at all, but due to the chronic inflammation left behind in the uterus. This condition should not be considered as menstruation, however.

Increase in weight, changes in sexual desire, hot flashes, changes in menstruation, skin tinglings, irregular symptoms at the time of the period, pelvic pain, leucorrhea, nervous conditions, in fact all the symptoms of the menopause, appeared with about the same frequency. The conclusion, therefore, would be (1) that there is no indication for leaving the uterus if the ovaries are removed, (2) that post-operative sequelæ result from the removal of the ovaries rather than the removal of the uterus.

The unfortunate train of symptoms following complete hysterectomy or double salpingo-oöphorectomy already described has of late years led gynecologists to consider the value of more conservative methods, and the results obtained have certainly been much more encouraging than with the radical methods of former years. The writer has had the opportunity of investigating some one hundred and fifty cases in which conservative operations have been performed, especially those under his personal supervision at Dr. Cragin's private sanitarium, and the results have been most gratifying. The work has consisted in resection of ovaries with stitching of raw surfaces together, partial resection of tubes, implantation of ovaries to the side of the uterus or in the broad ligament, removal of the uterus leaving the ovaries, partial removal of uteri. Those opposed to conservative operations have claimed that only too often conservative work leaves the patient in as bad a condition as she was before operation. This may be true if operations are performed without discrimination. It is hardly necessary to mention that conservative operations are not indicated in all gynecological conditions. Cases should be selected as when conservative work is performed in any branch of surgery. For instance, it would seem advisable (1) to leave ovaries whenever possible in all cases of hysterectomy; (2) to resect cystic ovaries; (3) where ovaries are so badly diseased, to remove them and implant a small portion of healthy ovary to the side of the uterus or in the broad ligament; (4) to resect tubes the seat of hydrosalpinx and hematosalpinx; (5) to drain by vagina pelvic exudates and cases of pyosalpinx. The report of these cases of conservative work, extending over six years, emphasizes the following facts: (1) that the symptoms

indicating operation are removed in a vast majority of the cases, secondary operation being rarely required; (2) that symptoms of the artificial menopause do not occur; (3) that menstruation continues, though sometimes diminished in amount; (4) that pregnancy results in about one case in five; (5) that the marriage relations are not interfered with; (6) that women preserve their identity and are not relegated to the realm of "its." It is hardly necessary to mention the operative procedures for resection of ovaries and tubes, for they are too well known to require discussion. One fact, however, disproving a common assertion, should be mentioned. It is very often claimed that if parts of ovaries are left in the abdomen they simply atrophy and become functionless. A marked instance to the contrary may be of interest. The patient was a sufferer from ovarian and parovarian cysts. These were removed and a small portion of healthy ovary was sewed to the uterus near the left cornu. The patient has menstruated regularly for a year, the probable conclusion being that the ovary has survived. It is certainly very possible for an ovary to atrophy, but examination of the patients thus far disproves this condition in a large majority of instances, for the patients continue to menstruate and ovulate and a few go on to pregnancy.

The ultimate conclusions, after reviewing the facts presented, would seem to be: (1) That the symptoms of the artificial menopause occur with more regularity, greater severity, and are of longer duration than is generally supposed, some women being left invalids; (2) that the symptoms are dependent for the most part on the removal of the ovaries rather than the uterus, therefore, if supravaginal hysterectomy can be performed, there is no indication for leaving the uterus; (3) that many of the cases in which it has been customary to advise hysterectomy can be treated in the future by the more conservative methods which have been mentioned; (4) that conservative methods do away with the artificial menopause, relieve symptoms, and allow the patients to continue their sexual life with a possibility of future pregnancy.

115 East Fifty-sixth Street.