



▼ POST GRADUATES ABSTRACTS

PG -30 : A PROSPECTIVE RANDOMIZED TRIAL TO COMPARE SIDE-EFFECTS OF EARLY VS. LATE REMOVAL OF FOLEY'S CATHETER AND VAGINAL PACK FOLLOWING VAGINAL HYSTERECTOMY.

**Ayesha Gupta, Final year post graduate,
Reddi Rani P, Professor of Obstetrics & Gynecology,
Department of Obstetrics & Gynecology,**

Mahatma Gandhi Medical College & Research Institute, SBV, Pondicherry

Introduction: Hysterectomy is the most common gynecological procedure performed worldwide. It is a routine practice to catheterize and pack the vagina following vaginal hysterectomy with or without pelvic floor repair to prevent urinary retention and reactionary hemorrhage. There is a controversy about the ideal time for removal of catheter and vaginal pack. Traditionally it was 24-48 hours, which is associated with high incidence of urinary tract infection. The present study was undertaken to compare post-operative morbidity in early & late removal of Foley's catheter and vaginal pack. **Aim:** To compare post-operative morbidity in early and later removal of Foley's catheter and vaginal pack following vaginal hysterectomy.

Objectives: To assess febrile morbidity, urinary tract infection, recatheterization, pain perception, voiding difficulty, vaginal bleeding and duration of hospital stay. To compare the incidence of the complications in the two groups of women in whom the urinary catheter and vaginal pack are removed after 6 hours and 24 hours postoperatively.

Subjects and methods: This was a prospective randomized study conducted from December 2015 to January 2017 in a tertiary hospital, Mahatma Gandhi Medical College and Research Institute, Pondicherry, India. Ethical committee approval was obtained. Sample size of 100 women who were undergoing vaginal hysterectomy with or without pelvic floor repair and fulfilled the inclusion criteria. Informed written consent was obtained from all the women. They were assigned to 6 hours Foley's catheter and vaginal pack removal group (group I, n=50) or 24 hours Foley's catheter and

vaginal pack removal group (group II, n=50) based on computer generated randomization. Parameters used to assess were urine routine and microscopy, urine culture and sensitivity on post-operative day 2, incidence of symptoms of urinary tract infections, need for recatheterization and repacking, febrile morbidity, ambulation, vault infection and post operative hospital stay duration were analyzed in both groups.

Results: Most of the women were in the age group of 48-50 years and 49% were post menopausal. Common incidence for VH was fibroid uterus and pelvic organ prolapse. Febrile morbidity was found in 6% and 8% of patient in group I and group II. Positive urine culture was found in 10% and 20% of group I and group II respectively. *Escherichiacoli* was the commonest organism in both the groups. Rate of recatheterization was 10% in group I and none in group II. 6% had vaginal bleeding after pack removal and needed repacking in group I. All of them had pelvic floor repair. None had in group II. Hospital stay was less in group I.

Conclusion: Delayed removal of Foley's catheter and vaginal pack was associated with higher incidence of urinary tract infection, with no recatheterization and no repacking where as early removal was associated with less incidence of urinary tract infection and increased rate of recatheterization and repacking. Needs larger comparative studies to support the practice of early removal.

Keywords: Foley's catheter, Vaginal pack, Urinary infection, Recatheterization.