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Indications for oophorectomy and immediate post-operative complications in women who underwent oophorectomy between 2022 and 2024 at Teaching Hospital Jaffna

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Background and objective: Oophorectomy, the removal of one or both ovaries, is performed for various gynaecological indications, including ovarian pathology and risk reduction for malignancy. However, the procedure is associated with immediate post-operative complications. This study aimed to analyse the indications and immediate post-operative complications, and the influence of socio-demographic, clinical and surgical factors among women undergoing oophorectomy from 2022 to 2024.

Methods: An institution-based retrospective cross-sectional study of all Bed Head Tickets (BHT) of women who underwent oophorectomy was planned. The estimated sample size was 268. Data were extracted using a content-validated data extraction sheet covering socio-demographics, symptoms, surgical details, complications, and other factors. Data were analysed using SPSS and presented as percentages and tables. Chi-square and Fisher's exact tests were used for inferential analysis with a significance level of $p < 0.05$.

Results: In total, 198 BHTs were located. The mean age at oophorectomy was 50.85 years, with 73.7% aged 40-59 years. Half the sample (50%) had received prior medical treatment, mainly non-hormonal (47%). The most common indication for oophorectomy was menstrual abnormalities (61.1%), followed by uterine fibroids (62.1%) and ovarian cysts or endometriosis. Bilateral oophorectomy accounted for 87.4% of surgeries, mainly performed via open technique (93.9%). Immediate post-operative complications included bleeding (4.5%) and requirement for ICU care (4%). A significant association was found between age and menstrual abnormalities, while malignant findings were more common in those aged 60-89 years.

Conclusions: Menstrual abnormalities and fibroids were the leading indications for oophorectomy, while immediate post-operative complications were infrequent. Strengthening early screening and awareness of menstrual abnormalities may aid in timely diagnosis and surgical planning, thereby improving outcomes and reducing avoidable procedures. Further large-scale studies are recommended to confirm these findings and explore long-term outcomes.

Keywords: oophorectomy, menstrual abnormality, bleeding, post-operative complications