Conclusion

In this study, the conclusion was derived that -

1. The anaemic patients of less than 10 gm Hb were more prone to develop post-operative hypoxemia particularly during the post-operative period more common when done under spinal analgesia.

2. The bradycardia reduces the $s_\text{ao}_2$ during the intra- as well as the post-operative periods.

3. The hypotension reduced the $s_\text{ao}_2$ during the intra as well as the post-operative periods.

4. The fall in respiratory rate reduced the $s_\text{ao}_2$.

5. The desaturation was more in the spinal analgesia rather than the general anaesthesia.

6. The fall in the $s_\text{ao}_2$ was more in the patients undergoing hysterectomy under general anaesthesia with ether rather than the patients undergoing hysterectomy under general anaesthesia with muscle relaxant.

7. The $s_\text{ao}_2$ was greatly reduced in the lithotomy, Trendelenburg position.
8. The supplemental O₂ inhalation during the intra and post-operative periods greatly reduced the incidence of post-operative hypoxemia.

In conclusion, we recommend that the hysterectomy operation should be performed under general anaesthesia with muscle relaxant (Pavulon) preferred over inhalational agent (Ether) and spinal analgesia and patients should have hemoglobin level more than 10 g/dL and supplemental O₂ inhalation should be done post-operatively in supine position.