

The rise of the laparoscope

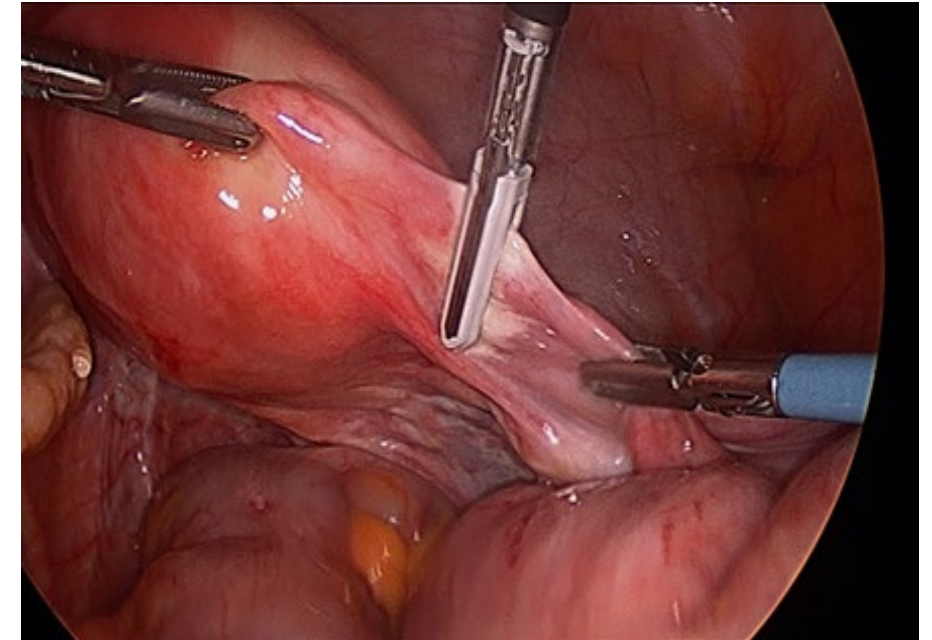
Changes to the mode of hysterectomy for heavy menstrual bleeding in NSW 2008-2017

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Abstract

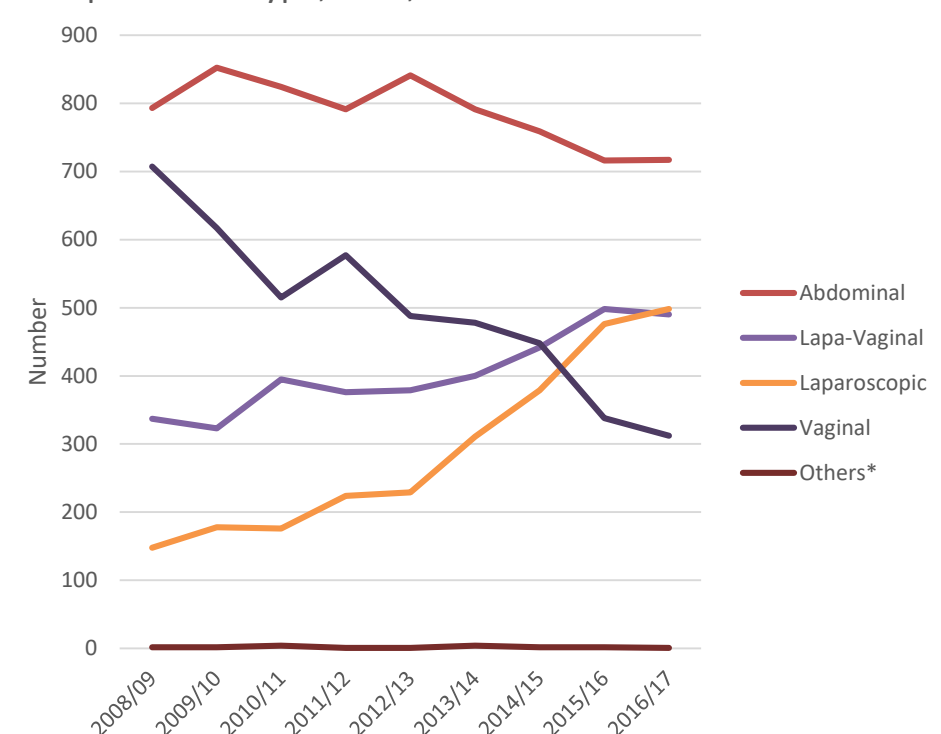
There is increasing evidence that different surgical approaches to hysterectomy do not result in the same patterns of outcomes and rates of complication. A 2015 Cochrane review reported that among women undergoing hysterectomy for benign disease, vaginal hysterectomy (VH) appears to be superior to laparoscopic hysterectomy (LH) and abdominal, as it is associated with faster return to normal activities. time.

Methods

De-identified patient data were drawn from the NSW Ministry of Health's administrative data set. Hysterectomies were identified usingACHI codes 90448-00, 35653-00, 90448-01, 35653-01, 35664-00; 35667-00; 90448-02; 35653-04; 35661-00; 35657-00; 35673-02; 35667-01; 35664-01; 90450-00; 90450-01; 35670-00. Patients with heavy menstrual bleeding were identified by the ICD10-AM codes procedure codes N92, N93.8, N93.9. Rates were standardised to the 2001 Australian population.

Results

Hysterectomy, heavy menstrual bleeding, by procedure type, NSW, 2008-09 to 2016-17



Objectives

This study aimed to investigate variation in the types of surgical procedures used for hysterectomy for abnormal uterine bleeding (AUB) in New South Wales, and how these changed over the time period 2008-2017.

Results

In 2008-09 there were 1988 hysterectomies for heavy menstrual bleeding. The procedure types varied: abdominal (40%), laparoscopic (7%) and laparoscopic vaginal (17%) and vaginal (36%).

By 2016-17, when there were 2022 hysterectomies for heavy menstrual bleeding, this had changed to a third of procedures being undertaken vis the abdominal route (36%), one quarter laparoscopic (25%), one quarter (24%) laparoscopic vaginal and 16% vaginal.

Conclusion

Many procedures are still performed abdominally when vaginal hysterectomy is a safer choice. Efforts to ensure fellows develop good surgical skills in vaginal surgery.

REFERENCES

Aarts JWM et al. Surgical approach to hysterectomy for benign gynaecological disease. Cochrane Database of Systematic Reviews 2015, Issue 8. Art. No.: CD003677. DOI: 10.1002/14651858.CD003677.pub5