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Retrospective Review of Mode of Hysterectomy in a Tertiary Hospital

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Background

Hysterectomy is a common procedure in modern day gynaecology.
There are different surgical approaches for hysterectomy- abdominal hysterectomy (AH), laparoscopic hysterectomy (LH), vaginal hysterectomy (VH) or multiple routes combined. 1

Method

101 hysterectomies undertaken by general gynaecology at a tertiary hospital in Australia were audited.

Results

The main indications for hysterectomy were abnormal uterine bleeding (AUB), fibroids, pelvic pain, pelvic organ prolapse (POP), and premalignant conditions.

17/101(16.8%) of hysterectomies were VH and 67/101(66.3%) were LH.

The indications for VH were 11/17(64.7%) POP, 4/17(23.5%) AUB, 1/17(5.8%) pelvic pain and 1/17(5.8%) premalignancy.

The indications for LH were 19/67(28.3%) fibroids, 18/67(26.8%) AUB, 13/67(19.4%) pelvic pain, 6/67(8.9%) premalignancy and 4/67(6.0%) POP.

15/17(88.2%) of VH and 6/67(8.9%) of LH had concurrent pelvic floor repair.

The length of stay (LOS) was similar for LH and VH at 2.0 days. The main complications were bowel and urinary-tract injury and readmissions with hematoma or infection. The complication rate was highest for AH at 4/13(30%), followed by 5/67(7.4%) for LH and lowest 1/17(5.8%) for VH.

Conclusion

Various patient factors influence the route of hysterectomy, including uterine anatomy, accessibility, and requirement of concurrent procedures. From our audit, LH appeared preferrable for fibroids and AUB; whereas VH was preferred for POP as it allowed concurrent pelvic floor repairs to be performed.

Systematic reviews claim VH to be the superior mode of hysterectomy with lower complication rates and shorter LOS, which is comparable to our audit. However, overall, VH should be preferred when both LH and VH are possible.1-3

References

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