

5 Year Retrospective Audit of Hysterectomy at a Major Tertiary Hospital in Western Australia

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Background

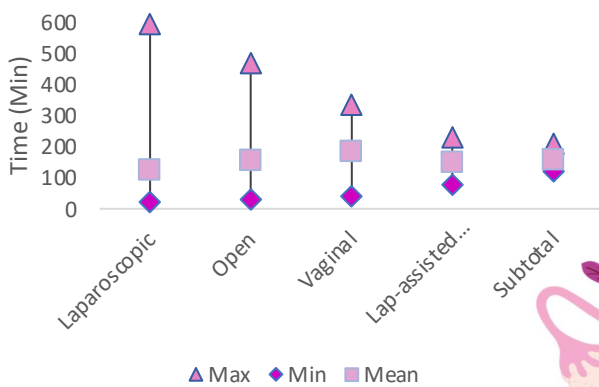
- Hysterectomy is one of the most common gynaecological procedures performed world-wide, but is less common with the development of less invasive procedures¹⁻²
- Our aim is to provide an update on hysterectomy trends at King Edward Memorial Hospital (KEMH), from 2016 through 2020, to assess whether there have been continued changes in hysterectomy rates over this time period

Method

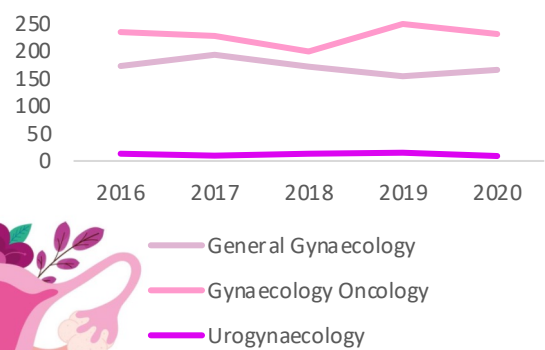
We performed a retrospective audit of hysterectomy data from the electronic theatre management system between January 1st 2016 through to December 31st 2020

Results

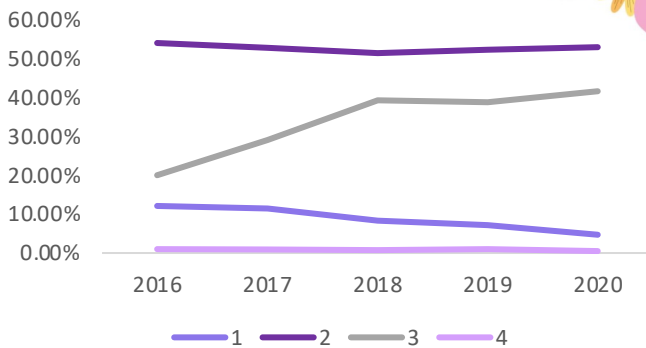
Surgical Duration by Specialty



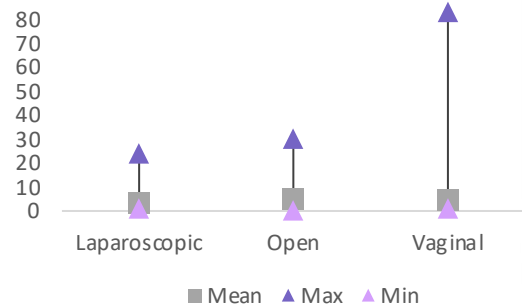
Hysterectomy Numbers by Specialty



ASA by Year



Length of Stay by Surgical Approach



Discussion

- 2093 hysterectomies were performed over a 5 year period
- In 2018 there was a decrease in the number of hysterectomies but otherwise total numbers were steady across the 5 years studied
- The most common approach was laparoscopic (range 49.3 % - 62.8%), followed by open (range 28.1% - 40.4%)
- The average patient ASA between 2018 to 2020 was higher than average ASA scores in 2016 (p=0.004)
- ASA scores of 3 and 4 were associated with longer length of admission when compared to ASA 1 (p<0.001 for both)
- ASA 3 and 4 was associated with a significantly higher likelihood of needing admission to Adult Special Care Unit (ASCU) (p<0.001 OR 12.1, 95% CI 6.5-22.7 and p<0.001, OR 72.1, 95% CI 18-289)

Conclusion

- Rates of hysterectomy at KEMH are stable
- Leading approaches are total laparoscopic and open
- Patients undergoing hysterectomy in Western Australia have increasing ASA scores
- This is associated with higher likelihood of needing higher levels of care post-operatively
- May reflect increasing levels of obesity and chronic disease in our population
- Further research is required to determine the level of involvement of trainee surgeons and how this might be impacting their training opportunities.

References

- Hammer A, Rositch AF, Kahlert J, Gravitt PE, Blaakaer J, Sogaard M. Global epidemiology of hysterectomy: possible impact on gynecological cancer rates. *Am J Obstet Gynecol.* 2015;213:23-9.
- Wilson LF, Pandeya N, Mishra GD. Hysterectomy trends in Australia, 2000-2001 to 2013-2014: joinpoint regression analysis. *Acta Obstet Gynecol Scand* 2017; 96:1170-1179.

