

Objectives

- To identify the modes of hysterectomy (vaginal, laparoscopic or abdominal) performed at Medway and the parameters used to determine this; compared to national statistics.
- To identify any complications incurred and identify possible areas for improvement

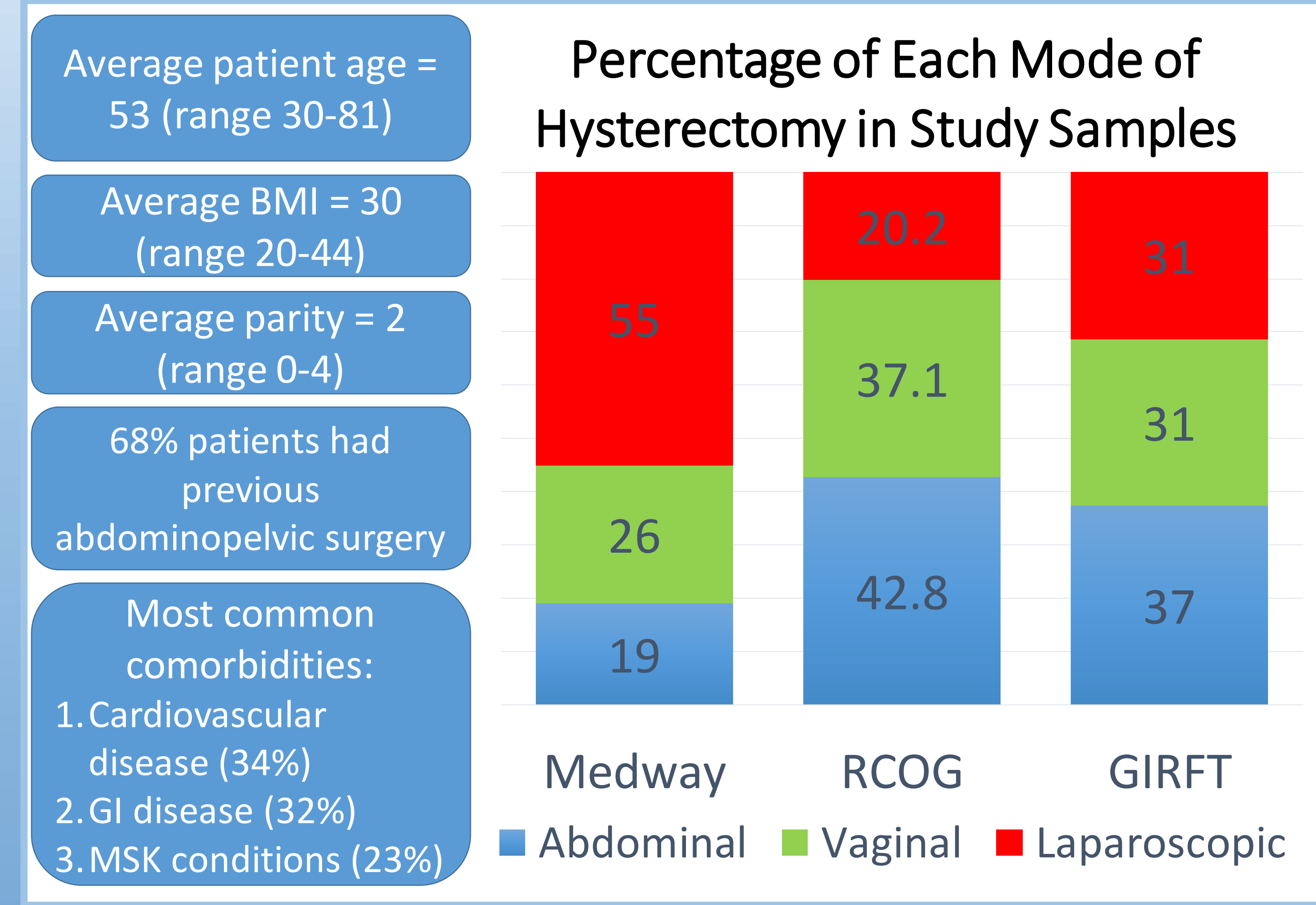
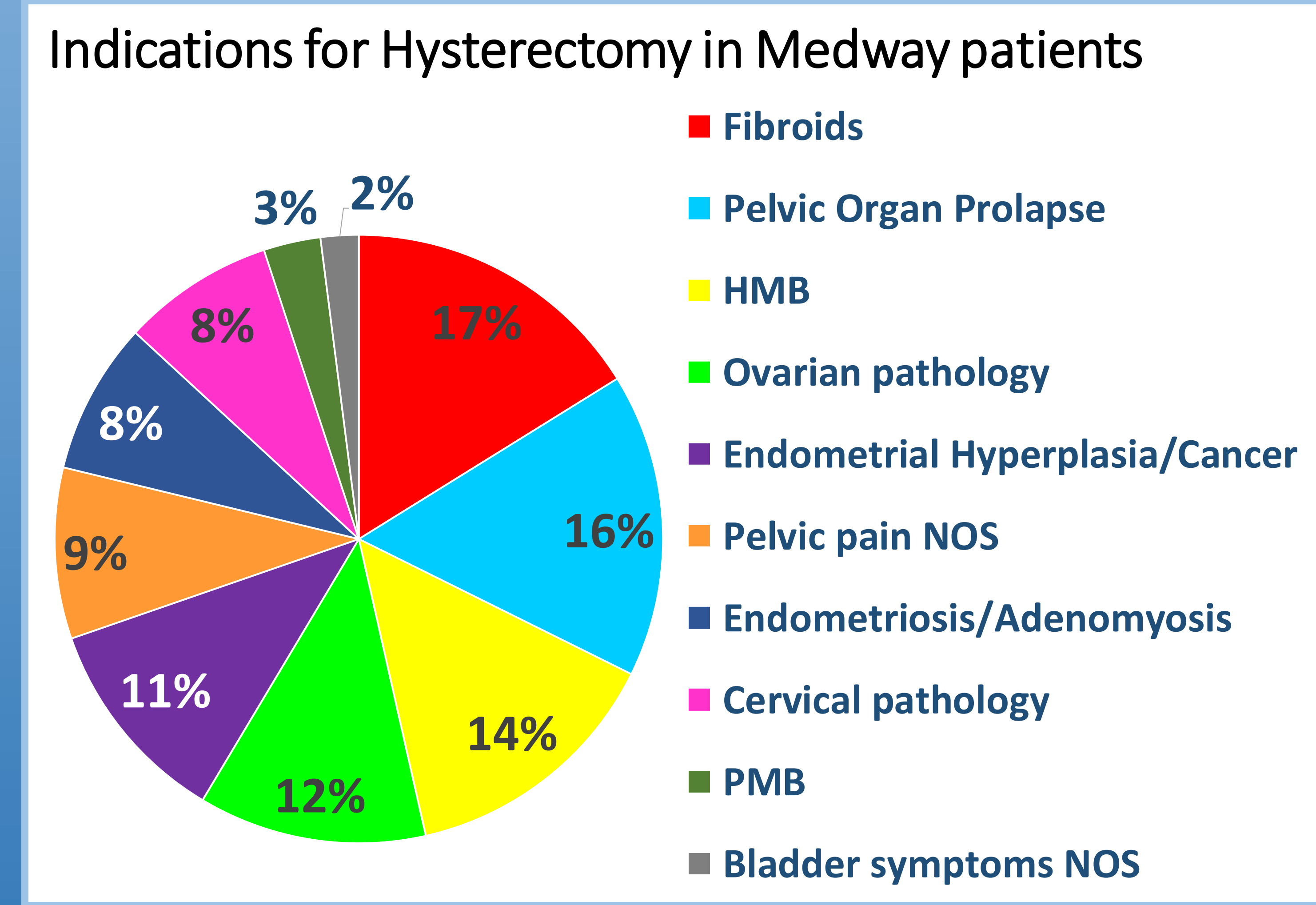
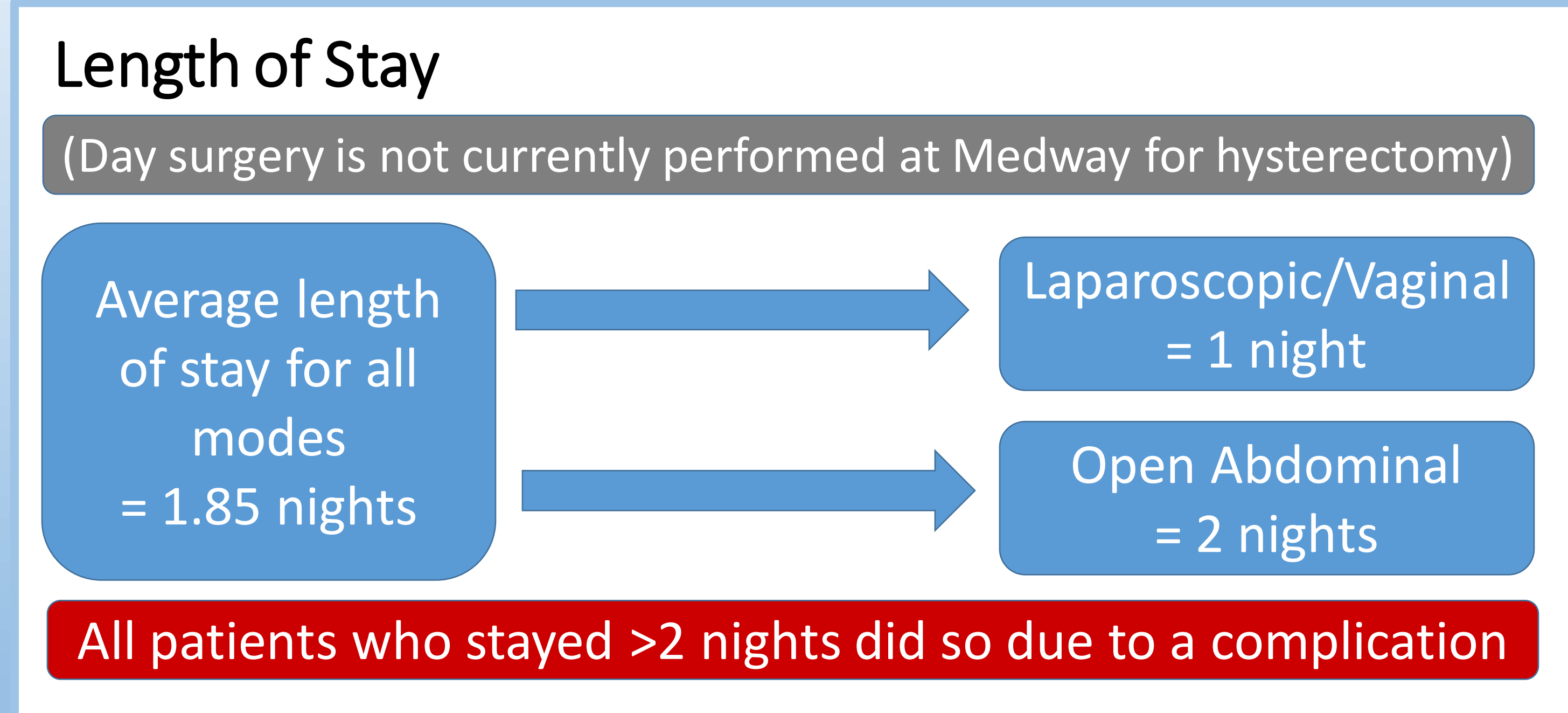
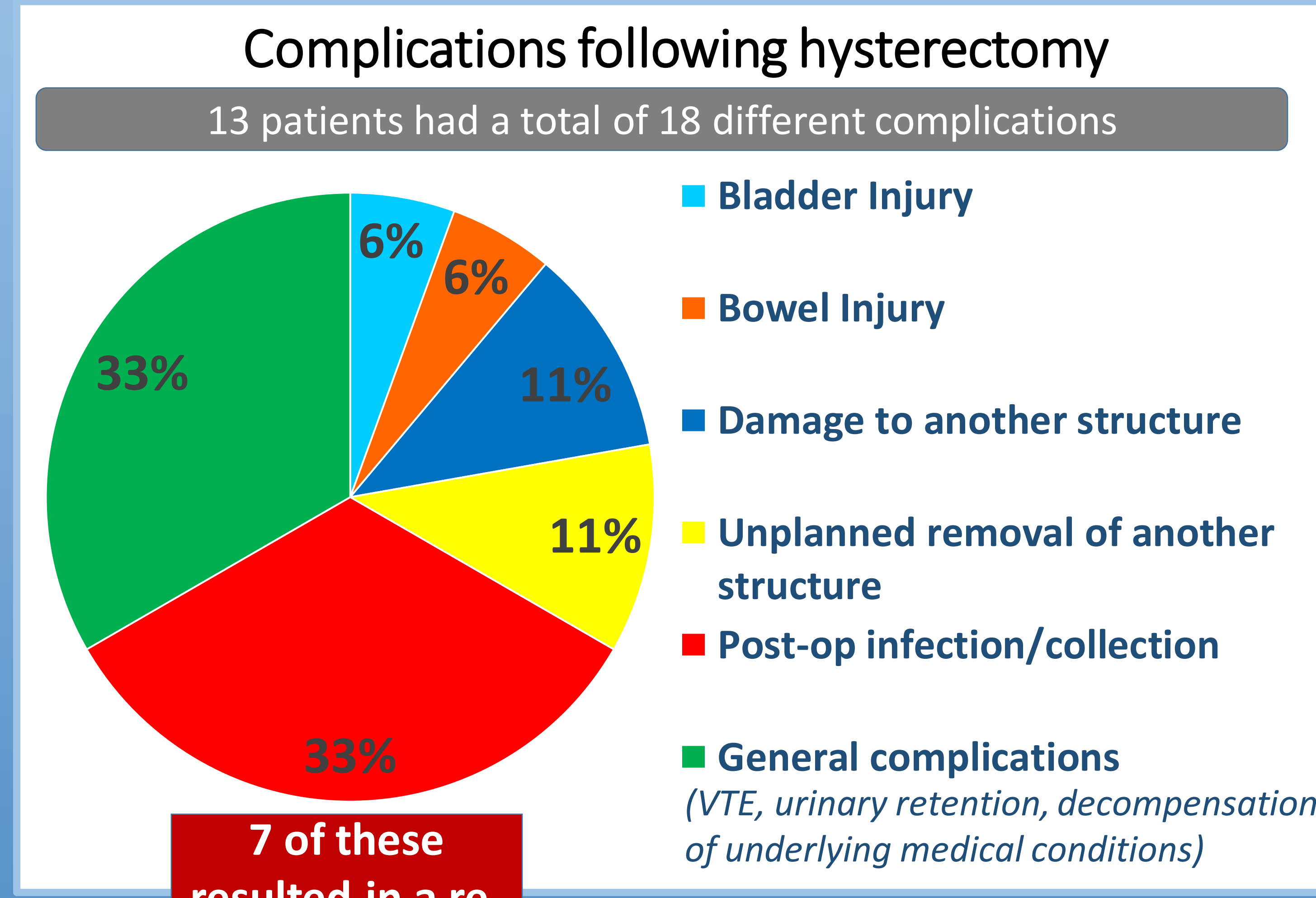
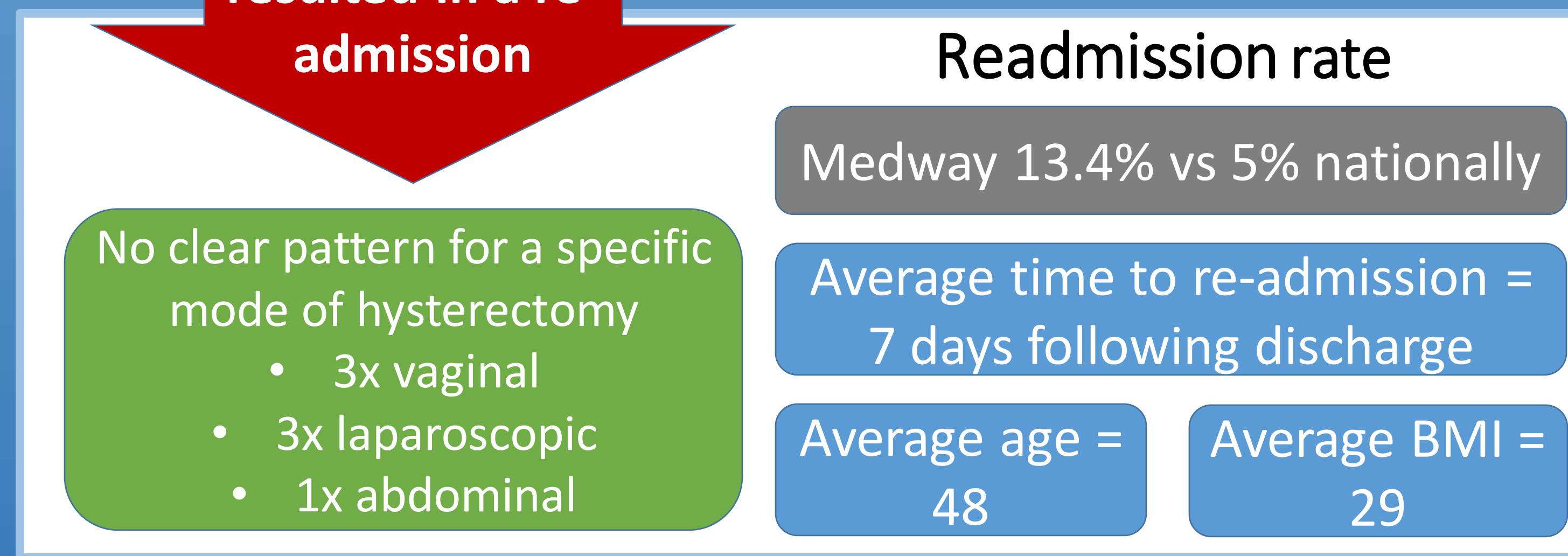
Background

The current recommendation for hysterectomy is that wherever technically feasible, a minimally invasive approach should be taken over laparotomy due to faster recovery time, reduced rates of complications and a shorter hospital stay.

Design & Methods

We performed a retrospective audit of all patients who underwent hysterectomy for a period of 5 months between January - May 2021. 52 patients were analysed for mode of hysterectomy, indications for the procedure, length of stay, complications and readmission rate. Where possible, this data was compared to nationwide statistics found in RCOG 2016 Benign Gynaecology Report and Getting It Right First Time Report 2021.

Results



Recommendations

Comparing to the national statistics, Medway is performing a higher proportion of minimally invasive hysterectomies, considering that Medway is not a gynae-oncology centre.

We have drawn up the following ideas for quality improvement:

- Creation of a discharge proforma/checklist completed by the surgical team to allow consistent, safe discharges
- Development of a clear patient information leaflet to reinforce information given in clinic and manage expectations
- Discussion with service managers the possibility of day surgery for hysterectomy, as this is currently not performed at all at Medway