Total Laparoscopic Hysterectomy for benign gynaecological conditions: A *UK District General Hospital experience*

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Objectives

- To evaluate the implementation of total laparoscopic hysterectomy(TLH) for benign gynaecological conditions at the Royal Wolverhampton NHS Trust .
- To assess surgical outcomes and present analysis of our experience.

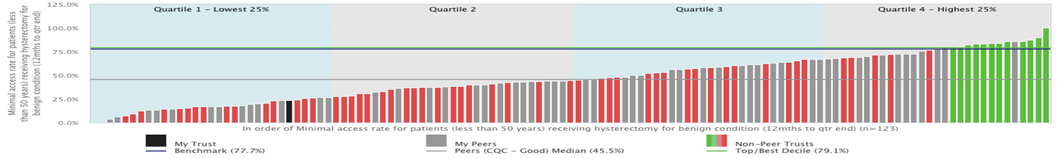
Methods

- This is a retrospective review of all total laparoscopic hysterectomy cases performed at the Royal Wolverhampton NHS Trust between August 2015 and December 2019 for benign gynaecologic conditions.

- Data was collected from hospital records including patient demographics, indication for surgery, blood loss, operation length, additional procedures performed, complications, conversion rate, length of stay and readmission rates.

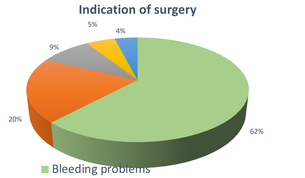
Results

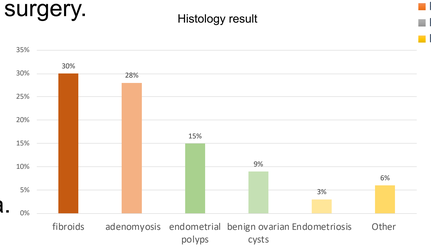
According to Hospital Episode Statistics till 2019, our minimal access hysterectomy rate was 27% which is low compared to our peers.



- A total of 80 cases were identified.

- The most common indication for surgery was heavy menstrual bleeding(67%).
- Mean age: 47 years(range 32-64)
- Mean BMI : 28.6(range 19-42). 23% of the patients had previous open abdominal surgery.
- Mean estimated blood Loss was 120 ml.
- mean operating time was 148 minutes.
- 36% of cases where 2 consultant gynaecologists operated together.
- one case of ureteric injury and no bowel or vascular injuries.
- 8.8% conversion to laparotomy due to extensive adhesions or large uterus .
- Fibroid uterus was the most common Histology result .
- One patient returned to theatre for evacuation of a large subcutaneous hematoma.
- The average length of stay was 2.6 days.
- In 57% of cases with stay over 48 hours, there were no valid reasons or avoidable reasons such as practice routines for prolonged stay.
- Readmission rate within 30 days postoperative was 9.5 %.





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Conclusion

- TLH seems safe and feasible procedure with an acceptable complication rate.
- Operating times are likely to improve with continued improvement in surgeons' skills. To increase the uptake of TLH, we recommend that all benign gynaecologists should be encouraged and supported to perform minimal access hysterectomy.
- Where this is not possible, we recommend that patients suitable for TLH should be offered referral to a gynaecologist competent in performing TLH.
- To optimise the care and to reduce length of the stay for patients undergoing TLH, we plan to introduce an enhanced recovery pathway.
- To standardise the consenting process and quality of information provided to patients, we are in the process of introducing dedicated patient information leaflet and pre-printed procedure specific consent form for TLH.