Learning Curve of Total Laparoscopic Hysterectomy in Resource Restricted Settings

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INTRODUCTION

Hysterectomy is the most common gynaecological surgery, especially for benign conditions. Total laparoscopic hysterectomy has become a standard practice worldwide. Defining the learning curve is necessary for the implementation of this surgery in the standard education of gynaecologists.
We present our analysis of this learning curve.

AIMS & OBJECTIVES

To analyze the learning curve of total laparoscopic hysterectomy

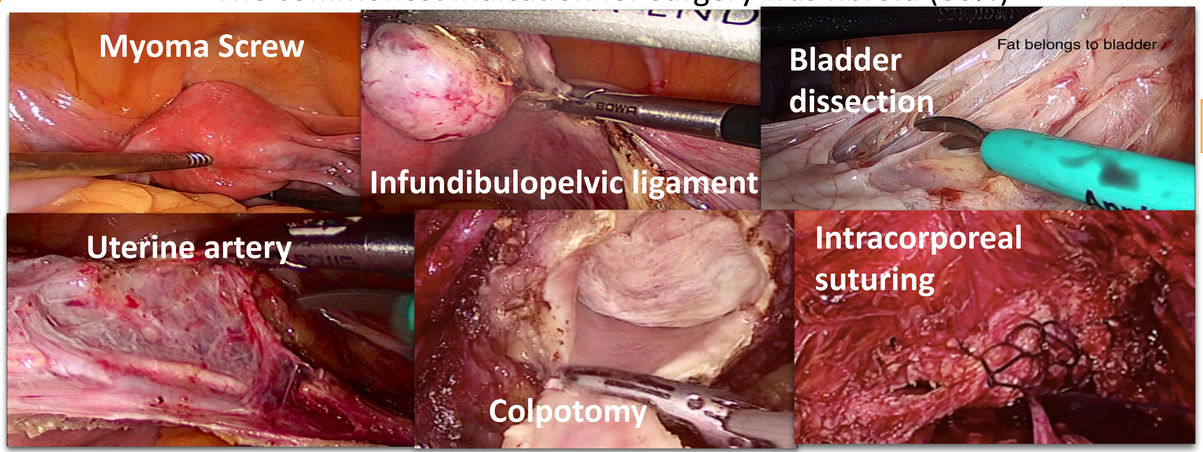
MATERIALS & METHODS

A retrospective analysis of total laparoscopic hysterectomy was done for 124 consecutive patients from January 2022 to November 2022 for benign gynaecological indications. All patients were operated by a single surgeon. The total number of patients were divided into 2 groups, Group A: 1st 61 patients and Group B: next 63 patients and outcomes were analyzed in terms of indication of surgery, duration of surgery and postoperative complications.

RESULTS

Parameters	Group A 1st 61 patients (n= mean)	Group B Next 63 patients (n= mean)
Mean Hospital Stay	5 days	3 days
Size of uterus	10 weeks	18 weeks
Operating time	152 mins	92 mins
Average blood loss	265 ml	130 ml
Blood transfusions	3	0
Complications	7 total (2 bladder injuries; 3 secondary hemorrhage and 2 port site wound infections)	1 (vessel injury at lateral port insertion)
Conversion to laparotomy	0	0

All baseline patient characteristics were similar.
The commonest indication for surgery was fibroid (60%)



CONCLUSONS

There is a definite learning curve in starting total laparoscopic hysterectomy in resource-restricted settings.

Some of the difficulties that we faced were lack of good surgical equipment, untrained team and anesthetist's reluctance for general anesthesia.

We formed a dedicated team for laparoscopy, attended workshops and convinced anesthetists for their support.

This learning curve can be overcome so as to do a safe laparoscopic hysterectomy in benign gynaecological indications and provide maximum benefit to patients.

REFERENCES

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