

Same-day discharge robotic gender-affirming hysterectomy - a single centre experience

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Our centre

An inner-city large-volume academic surgical centre that runs a nationally commissioned masculinising gender surgery programme.

Introduction

Same-day discharge (before midnight on the day of the operation) has proven advantages for minimally-invasive surgical patients and the wider NHS bed problem. It is well established both in the UK and internationally, that day case laparoscopic hysterectomy is feasible and safe in selected cases.

Results

20 transmasculine patients were included

Demographics

- Mean age 29 (18-38)
- Mean BMI 25(16-33)
- Median parity 0(0-1)

Complications

- Mean blood loss was <50ml.
- There were no complications at Clavien-Dindo Grade II or above.

Length of Stay

- 45%(9/20) of patients were discharged same-day
- 80%(16/20) within 24 hours.
- Mean postoperative discharge time was 18h(4h-28h).

Potential economics

- Cost-avoidance compared to laparoscopic hysterectomy was GBP1860 per procedure. ⁴

BED PROBLEM

Pre pandemic
NHS bed
occupancy >90%¹

The number of NHS beds in
England has reduced by
8.3%.²

Winter pressures/ unprecedented
pandemic = cancelled elective cases

570 000 women were waiting for
gynaecological treatment.³ (as of December
2021)

We prospectively evaluated pre-menopausal transmasculine patients undergoing robotic hysterectomy for gender-affirmation using the DaVinci Xi System from July to December 2022. All cases were performed by one experienced laparoscopic surgeon new to robotic-assisted surgery at the start of the series. We collected demographic data, operative timings, intraoperative and 30-day postoperative complications, and cost-efficiency calculations.

Methods

Aim

We evaluated the safety, efficiency and feasibility of same day discharge for robotic gender-affirming hysterectomy.

Conclusion

Robotic-assisted surgery represents a safe, time- and cost-efficient approach for hysterectomy in trans men, enabling early discharge for a majority of patients. Patient benefits and complications are comparable to those of conventional laparoscopic hysterectomy. Financial effectiveness on a per-procedure cost-avoidance basis has been demonstrated. Since the initial implementation of this project, our unit has invested in a second robotic unit to increase further the productivity and success of our gynaecology operatin.

References

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