

Introduction:

The University Hospitals of Leicester is a UK endometriosis specialist center providing comprehensive, specialised and individualised care for women including support and research in this field.

In the UK, endometriosis affects 1 in 10 women of reproductive age, often impacts through menopause, and with significant health care cost and lost income.

Laparoscopic hysterectomy provides an option for women without fertility concerns. This not only improves quality of life but also help reduce long term cost burden for the NHS.

This Audit was done in 2023 to assess outcomes after this intervention.

Objective:

To assess the outcomes of laparoscopic hysterectomy in improving the quality of life for women with severe endometriosis. Also, to evaluate pathway and improve on current practice.

Clinical Guidelines:

NICE (NG73) and the ESHRE guidance recommends laparoscopic hysterectomy with or without oophorectomy as part of surgical treatment for women with severe endometriosis without fertility concerns unless there are contra-indications. There needs to be an understanding of a possible need for HRT post-procedure.

Standards	
Audit criteria	• Laparoscopic hysterectomy for endometriosis management / rate of hysterectomies for endometriosis
Target	• 100%
Exception	Associated uterine pathology which makes it suitable for open hysterectomy or contraindications to laparoscopy

Future Recommendation:

- 1.Exploring a Nurse-led follow-up service for straightforward cases to optimize clinic efficiency and reduce cost
2. Increase uptake of HRT for pre-menopausal women undergoing added BSO until natural age of menopause according to guidance

References: National Institute for Health and Care Excellence (NICE 2024) Endometriosis diagnosis and management. NG73, European society of Human Reproduction and Embryology guidelines on Endometriosis (2022)

Design & Methodology:

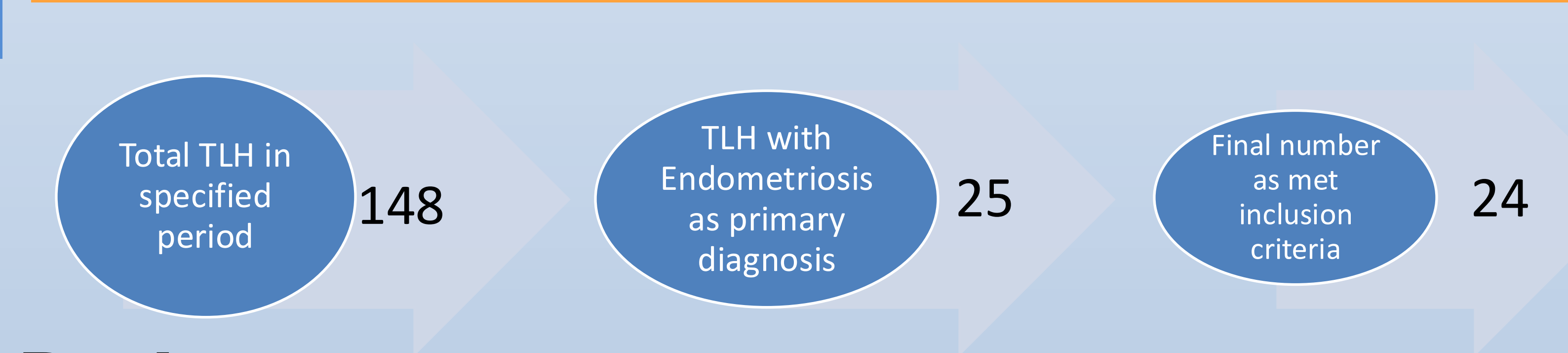
Retrospective audit of 148 laparoscopic hysterectomies performed over a 14-month period, with focus on known endometriosis cases and confirmed histologically. (Negative histology in a known case doesn’t exclude endometriosis (NICE Guidance 73). We assessed for age, symptoms, if oophorectomy done and HRT given, length of hospital stay, follow up and recurrence.

Exclusion:

Hysterectomy for other benign reasons

Data Collection and population size

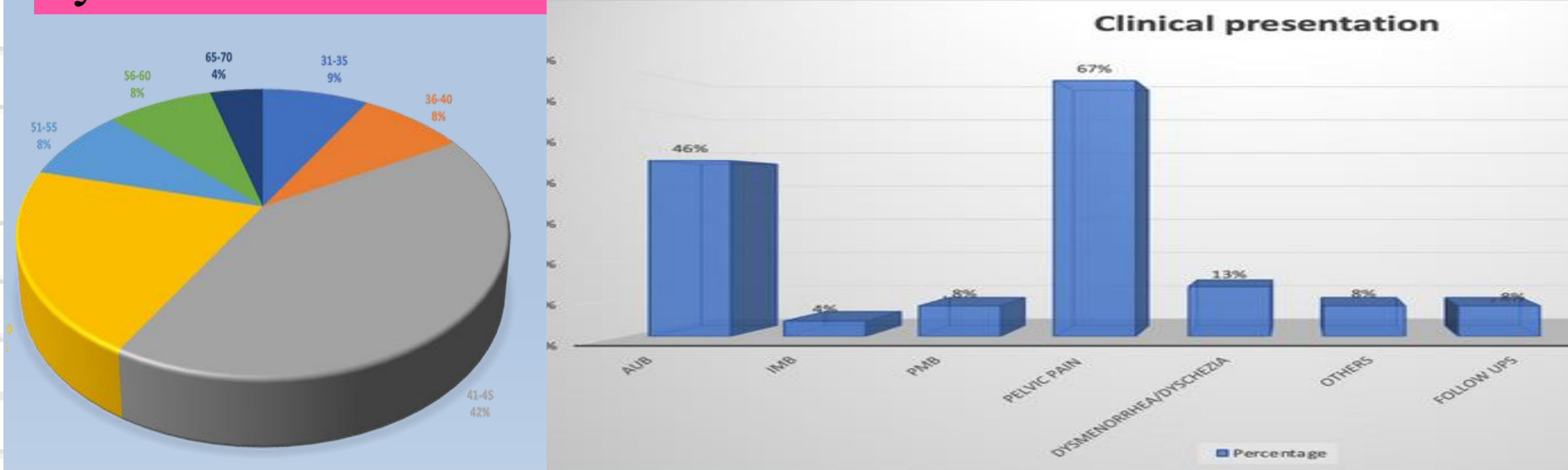
Data was identified using the CEPOD theatre software system. Other information were collated using ICE, DIT-3, Nerve center, and CITO information storage system. These were inputted on an excel spreadsheet and analysis done accordingly



Results:

Patient Demographics:

80% were pre-menopausal women, primarily presenting with chronic pelvic pain, abnormal uterine bleeding and dysmenorrhea

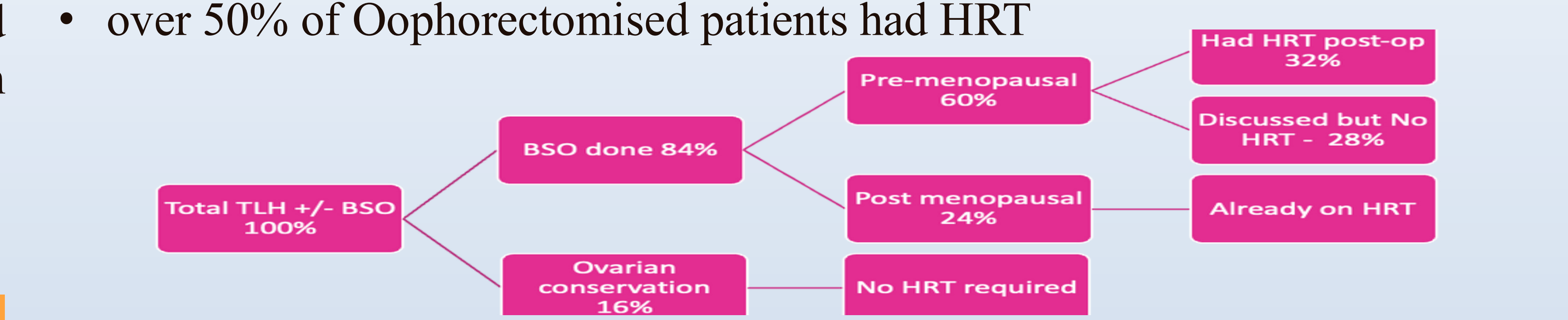


Surgical Details:

- 84% underwent bilateral oophorectomy
- 16% had ovarian conservation.

Post-Operatively:

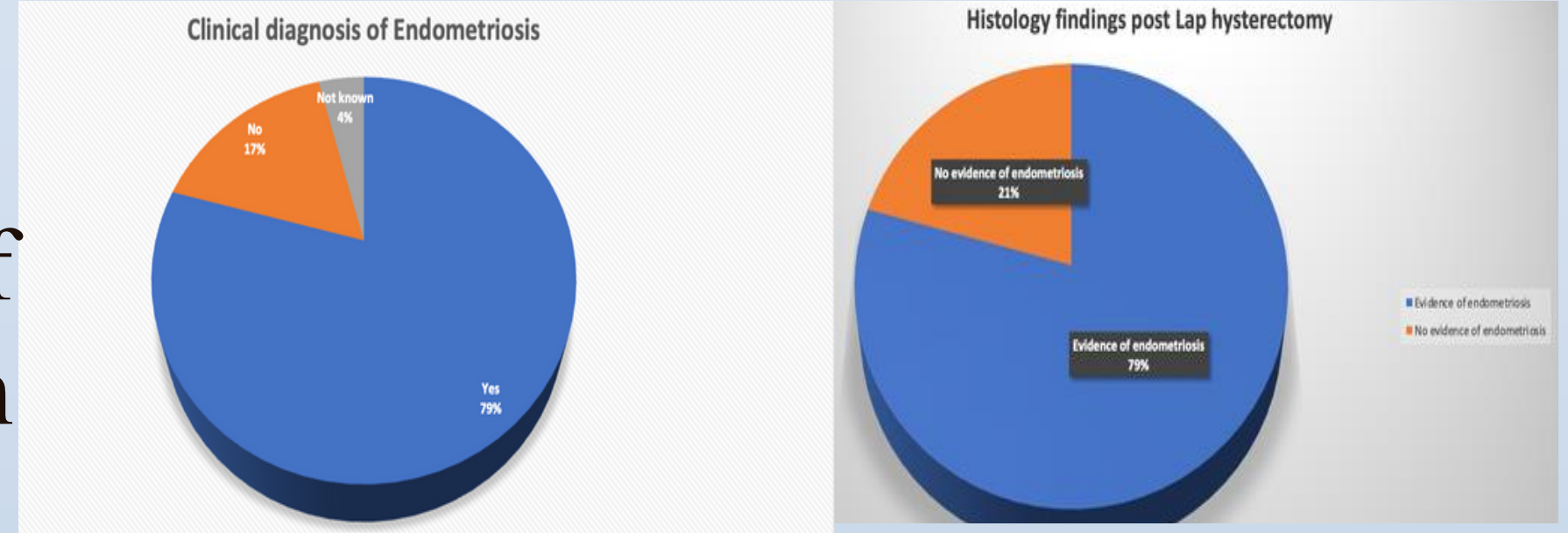
- over 50% of Oophorectomised patients had HRT



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graph LR; A[Total TLH +/- BSO 100%] --> B[BSO done 84%]; A --> C[Ovarian conservation 16%]; B --> D[Pre-menopausal 60%]; B --> E[Post menopausal 24%]; D --> F[Had HRT post-op 32%]; D --> G[Discussed but No HRT - 28%]; E --> H[Already on HRT]; E --> I[No HRT required]
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Clinical vs Histological correlation:

79% had histological evidence of endometriosis as correlating with pre-operative clinical diagnoses.



Clinical diagnosis of Endometriosis

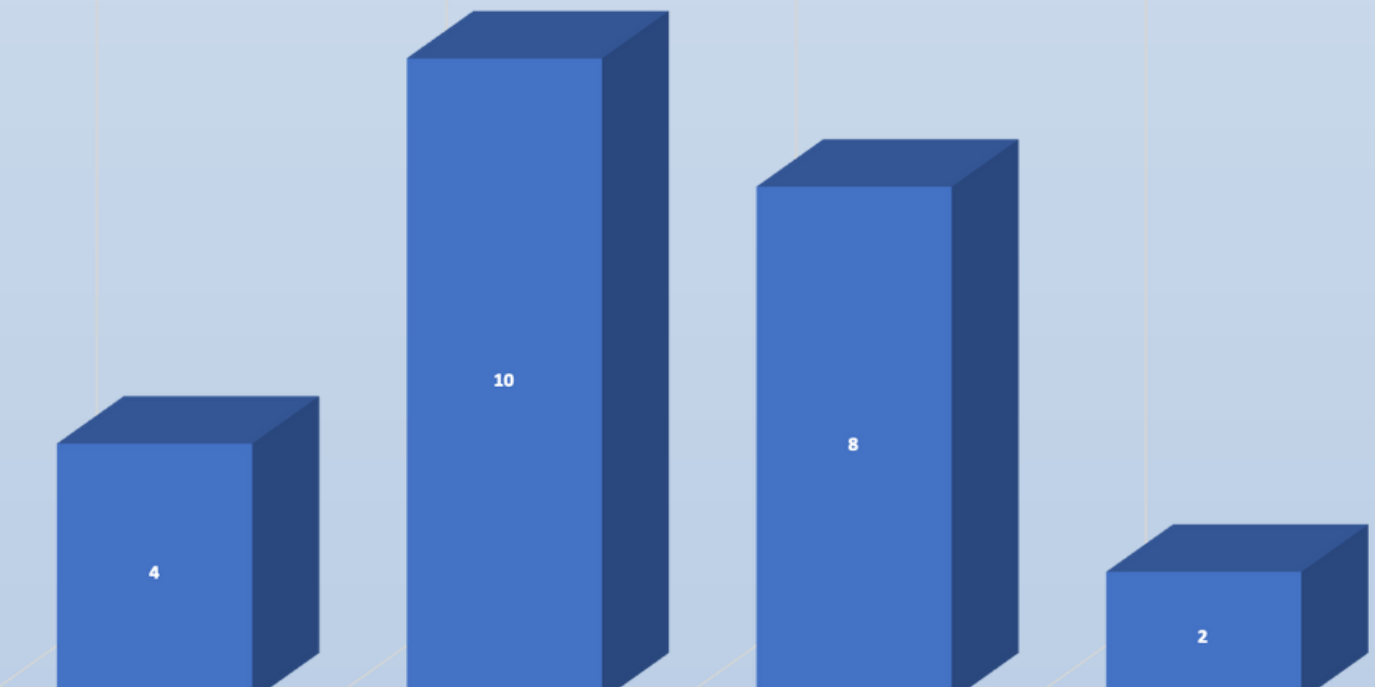
Category	Percentage
Yes	79%
No	21%

Histology findings post Lap hysterectomy

Category	Percentage
Evidence of endometriosis	79%
No evidence of endometriosis	21%

Hospital length of stay:

Over two-thirds were discharged within 48 hours post-operatively. Main reason beyond was due to pain and anesthetic management



Follow-Up:

25% Discharged back to GP on 1st post-op visit at 3 months

17% Discharged back to GP on 2nd post-op visit at 6 months

13% Discharged back to GP on 3rd post-op visit at 12 months

Cumulative: 55% Discharged within a year with no residual pain

Conclusion:

Re-assuring evidence that laparoscopic hysterectomy effectively enhances quality of life in severe endometriosis patients, with many experiencing significant improvements, return to primary care within a year, and no recurrence.