

BACKGROUND

Hysterectomy

- A major procedure
- Addresses a spectrum of conditions from
 - Benign pathologies like fibroids and adenomyosis
 - Malignant conditions such as endometrial or cervical cancer
- Has potential to significantly impact a patient's quality of life and health.
- Approaches include
 - Total Laparoscopic (TLH),
 - Total Abdominal (TAH),
 - Vaginal (VH),
 - Laparoscopic Assisted Vaginal (LAVH)
 - Subtotal Abdominal (SAH).
- NICE favours a laparoscopic approach even in endometrial cancer cases, due to the shorter length of hospital stay, recovery and return to normal activity¹.

DESIGN AND METHODS

Data was retrospectively collected from January – December 2023 using online hospital systems, following Caldicott approval. Patient demographics, surgical indication, duration, route, complications, and length of hospital stay were analysed.

RESULTS

Figure 1: Types of Hysterectomy

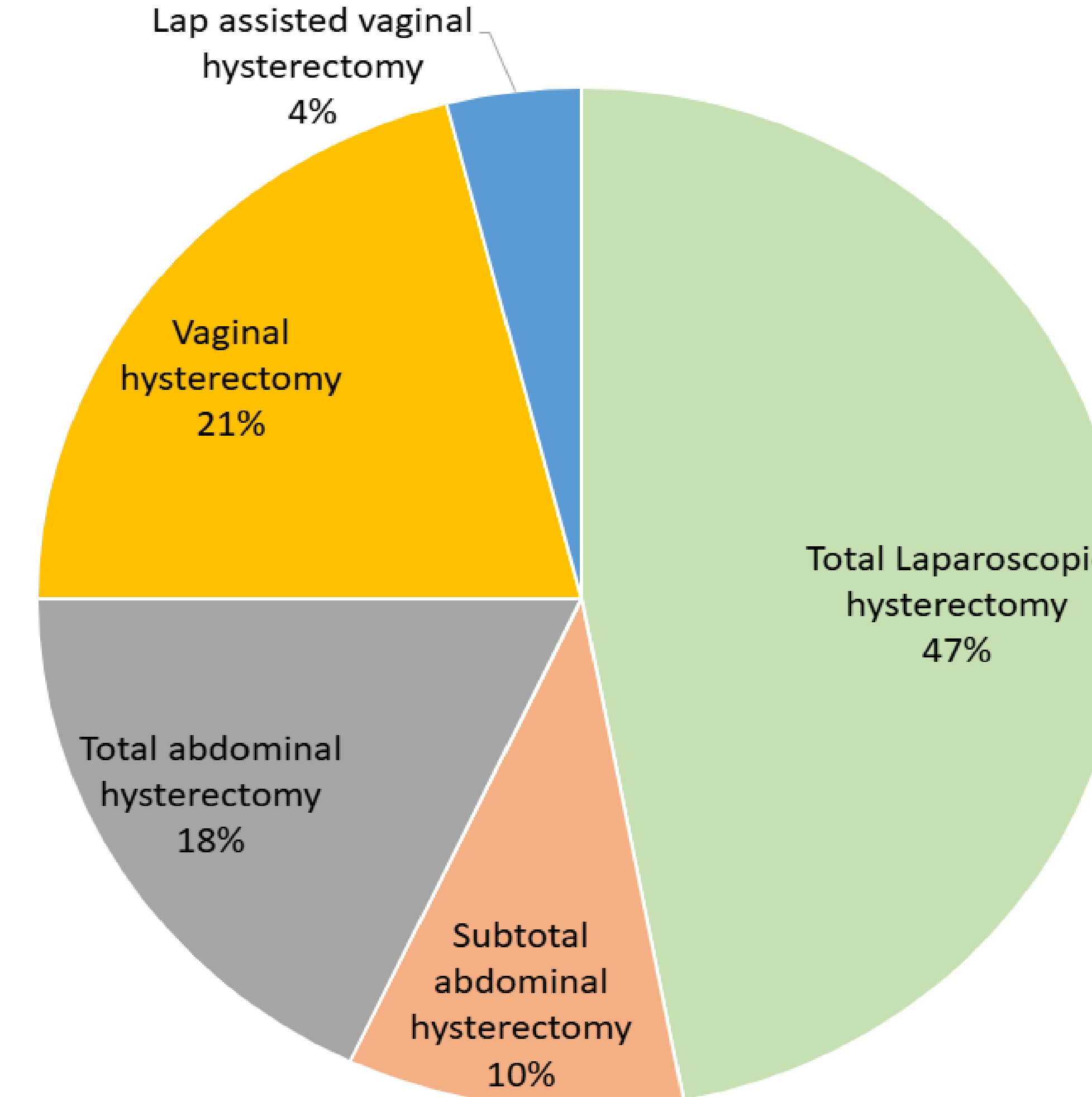


Table 1: Mean, Median, Min and Max uterine size in cm³

Uterine size cm ³	TLH	TAH	SAH	LAVH	VH
Mean volume cm ³	188.09	660.62	1254.59	240.16	80.43
Median volume cm ³	142.27	662	921.25	228.8	43.74
Min volume cm ³	30	52.5	15.75	54	4.5
Max volume cm ³	1188	3120	3762	440	385

CONCLUSIONS

- TLH techniques reduce blood loss, hospital stays, and complications; and was the most frequent approach.
- VH is the optimal approach for prolapse and had the lowest complication and readmission rate.
- TAH/ SAH were the chosen approaches for emergencies and for large uterine size.
- The study emphasizes the importance of meticulous surgical planning and postoperative care to optimize outcomes and patient safety.

REFERENCES

1. *Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer* (no date) NICE. Available at: <https://www.nice.org.uk/guidance/ipg356>

- 144 Cases – types in Figure 1
- Average age 56
- 6.8% (5 cases) planned laparoscopic approaches converted to open
- Intraoperative complications 3.5% cases (2 TAH, 2 TLH, 1 VH) - mainly of large EBL (>300ml)
- 65% cases length of stay 1 day, 22% of 2 days
- 3 cases (2%) readmitted – bleeding/ pain
- Indications
 - LAVH – mainly Prolapse
 - VH – All prolapse
 - TLH – variety (Figure 2)
 - Abdominal – 73% Fibroids (Figure 3)
 - SAH – 67% fibroids (Figure 4)

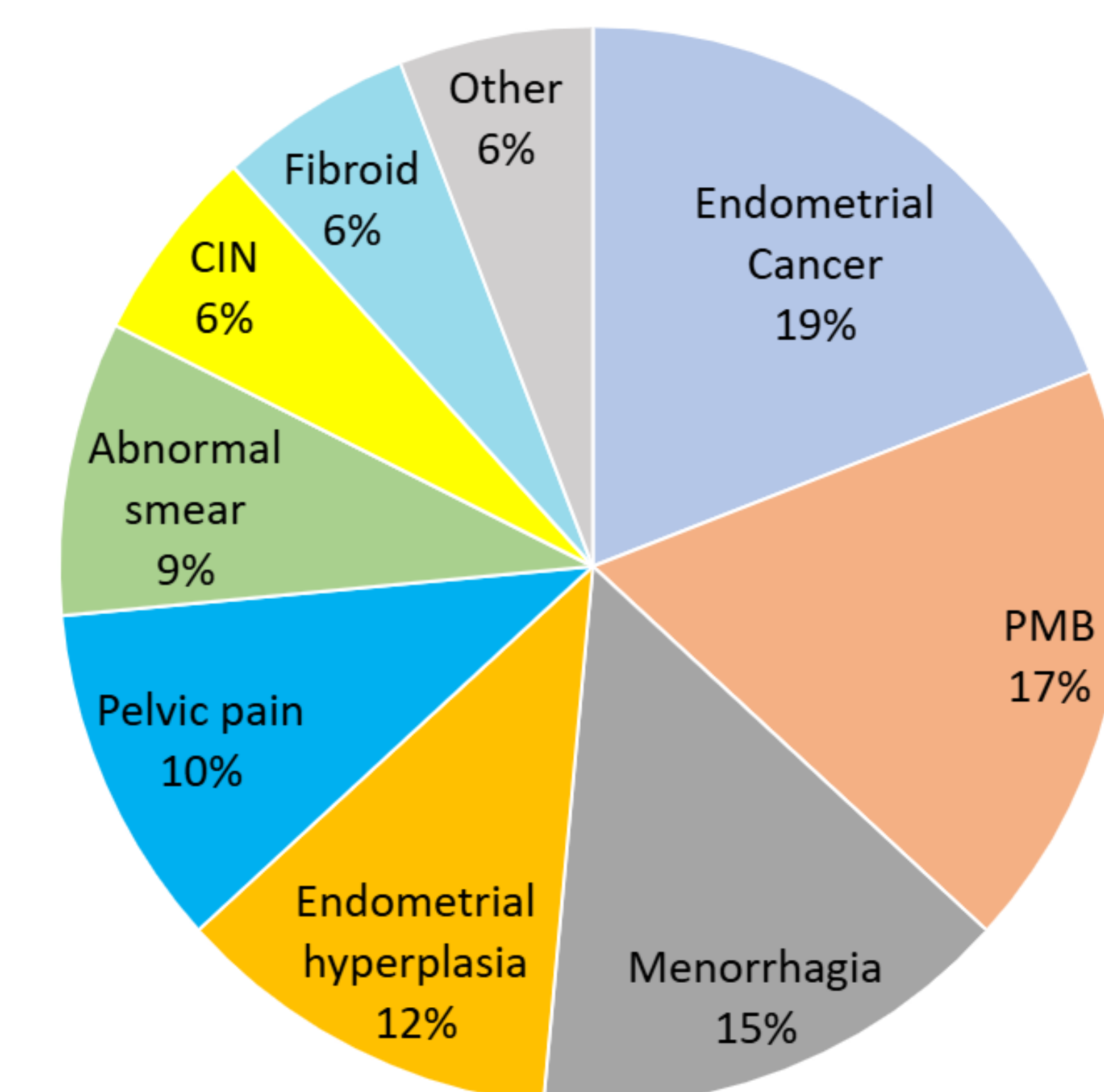


Figure 2: Laparoscopic Hysterectomy indications

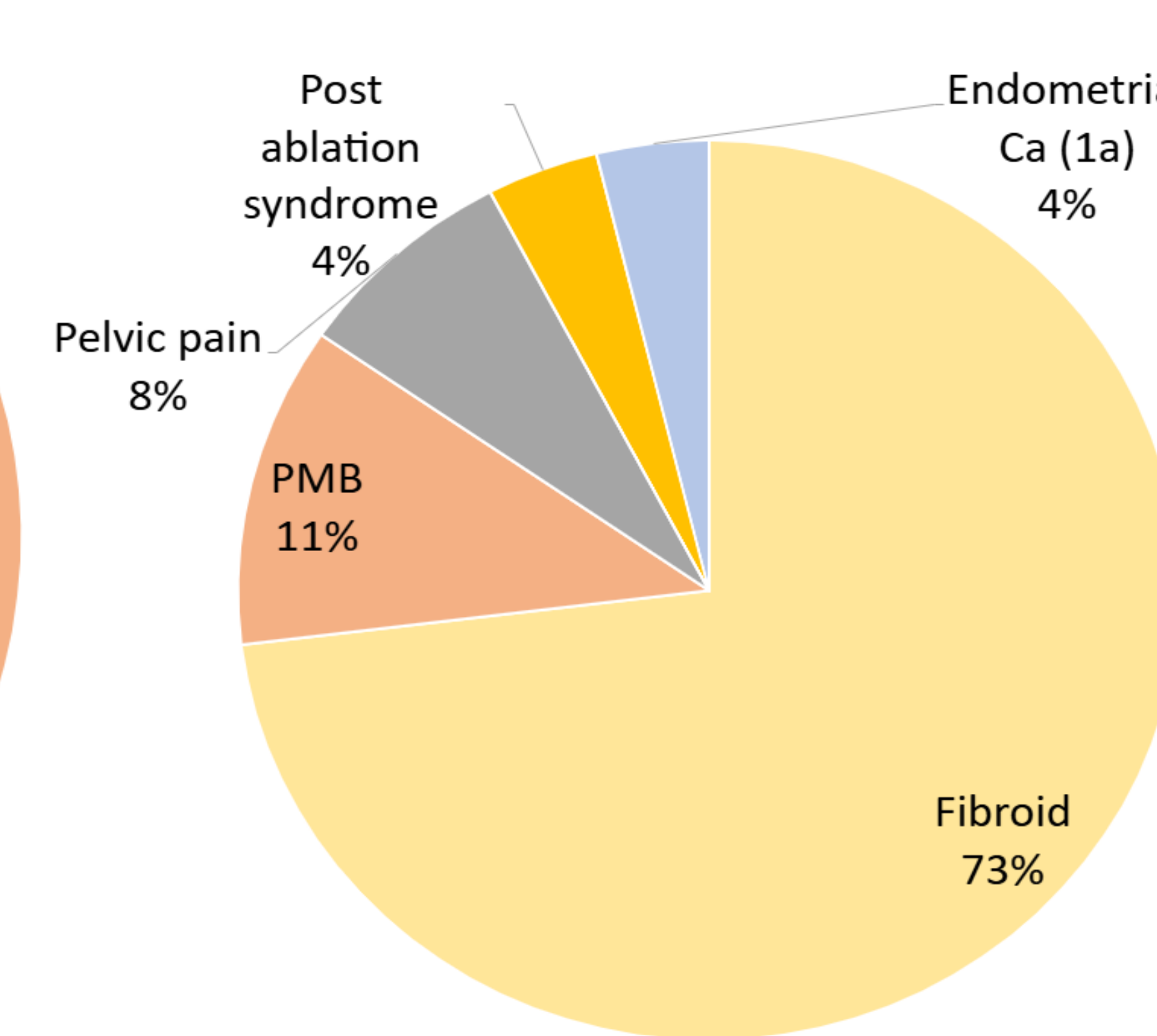


Figure 3: Abdominal Hysterectomy Indications

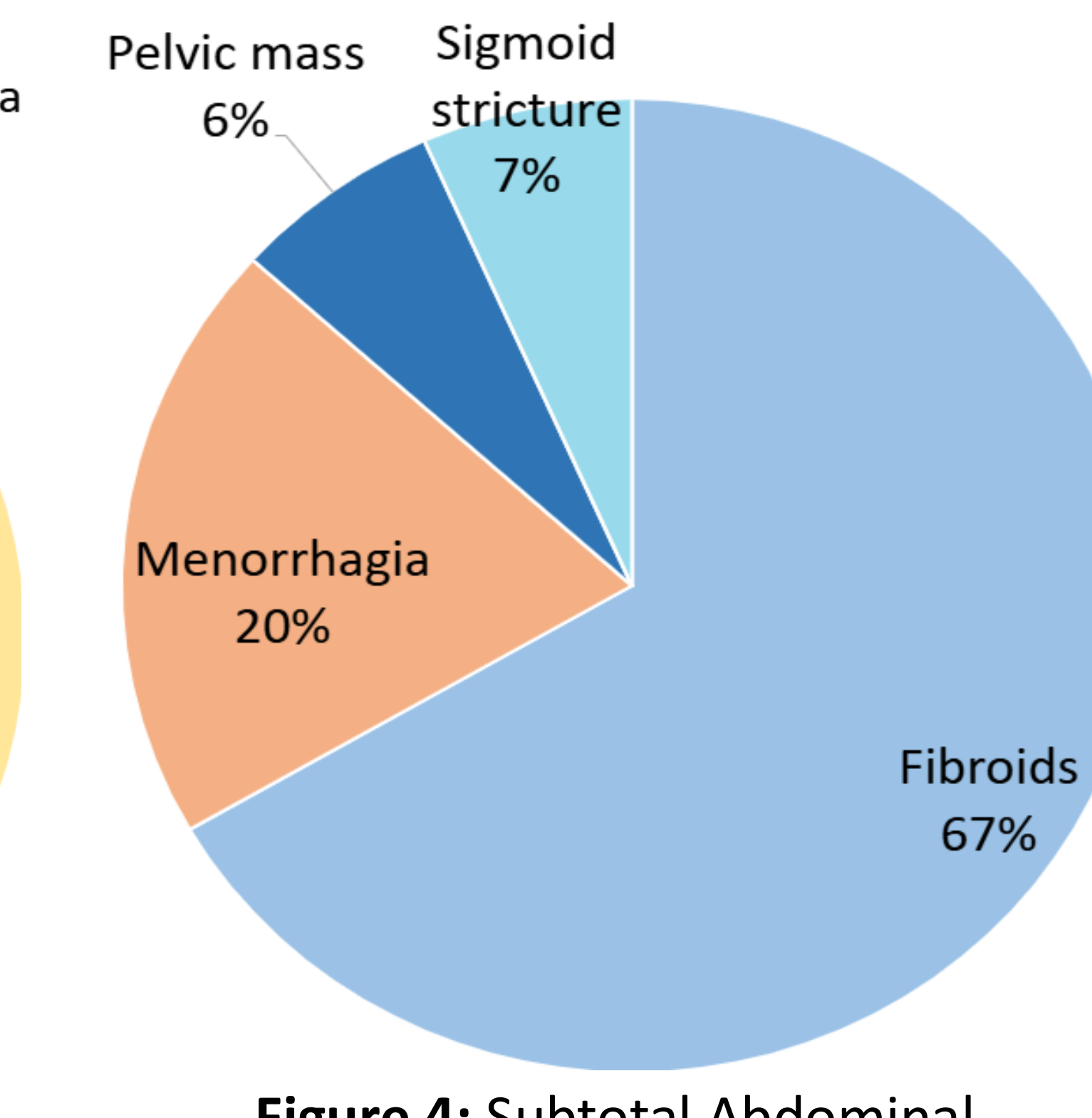


Figure 4: Subtotal Abdominal Hysterectomy Indications