



BACKGROUND

Hysterectomies have traditionally been performed via an inpatient pathway. However, emerging evidence supports the safety and efficacy of day-case surgery, which also offers high patient satisfaction and significant cost-saving benefits.

OBJECTIVES

This study evaluated the implementation of a day-case hysterectomy protocol at Worthing Hospital, University Hospital Sussex.

It aimed to assess feasibility, safety, and patient outcomes, highlighting the benefits of transitioning from an inpatient to a day-case surgical model.

DESIGN AND METHODS

A prospective pilot study was conducted over one year, from January 2024 to January 2025. The study included 42 women undergoing day-case hysterectomy. Data collection focused on patient demographics, surgical indications, length of surgery, intraoperative complications, estimated blood loss, and readmission rates.

Follow-up involved structured telephone calls from

- the Surgeon on postoperative day 1
- the Gynaecology Day Unit nurse on day 3
- the pain management team on day 14

RESULTS

- 42 Cases, average age 53, average BMI 29
- Operative Method:
 - 93% (39/42 cases) Total Laparoscopic Hysterectomy (TLH)
 - 5% (2 cases) Laparoscopic Assisted Vaginal Hysterectomy (LAVH)
 - 2% (1 Case) Vaginal Hysterectomy (VH)
- BMI ranges (Figure 1)

Figure 2: Indications for Hysterectomy

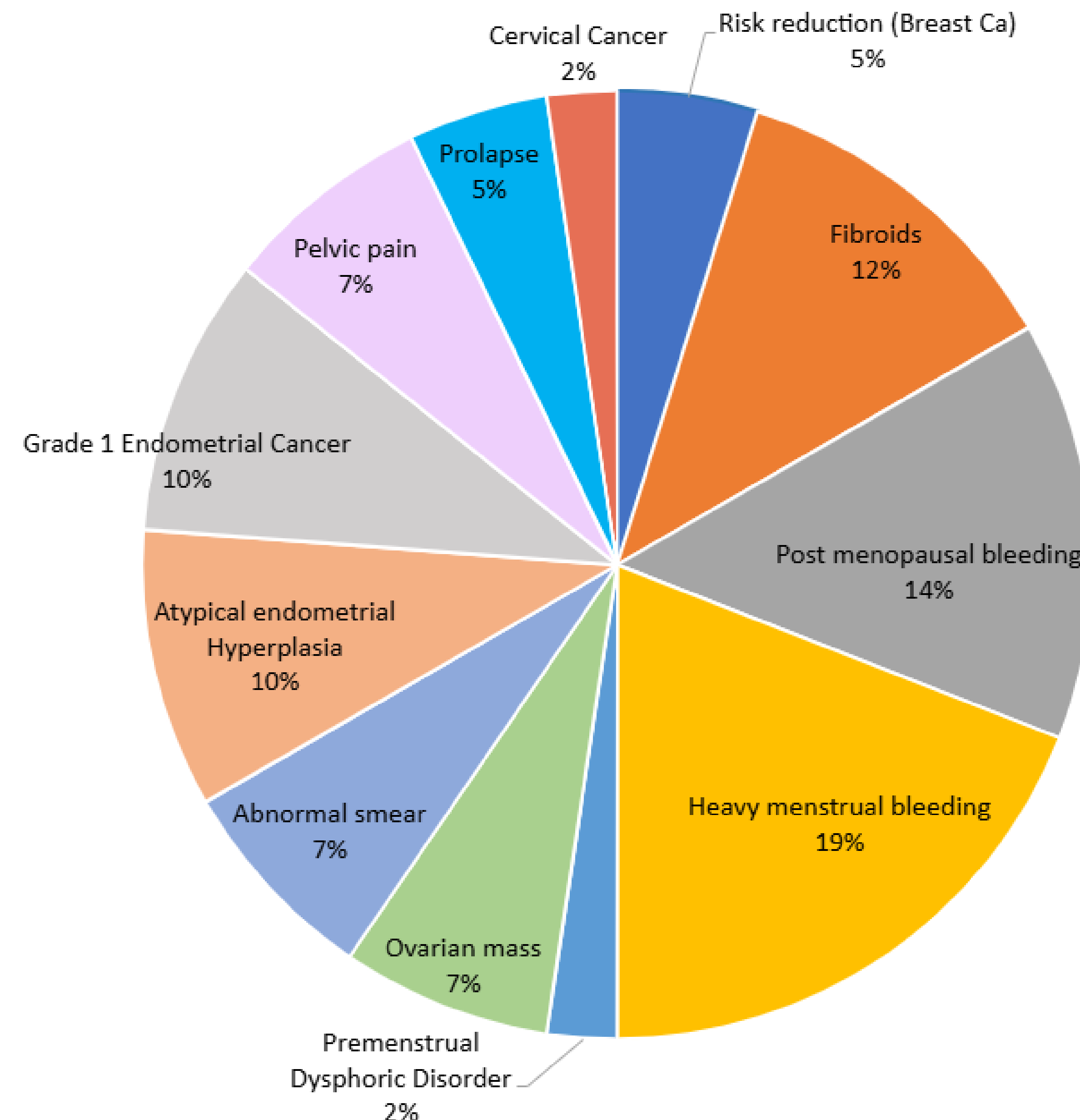


Figure 1: BMI ranges of cases

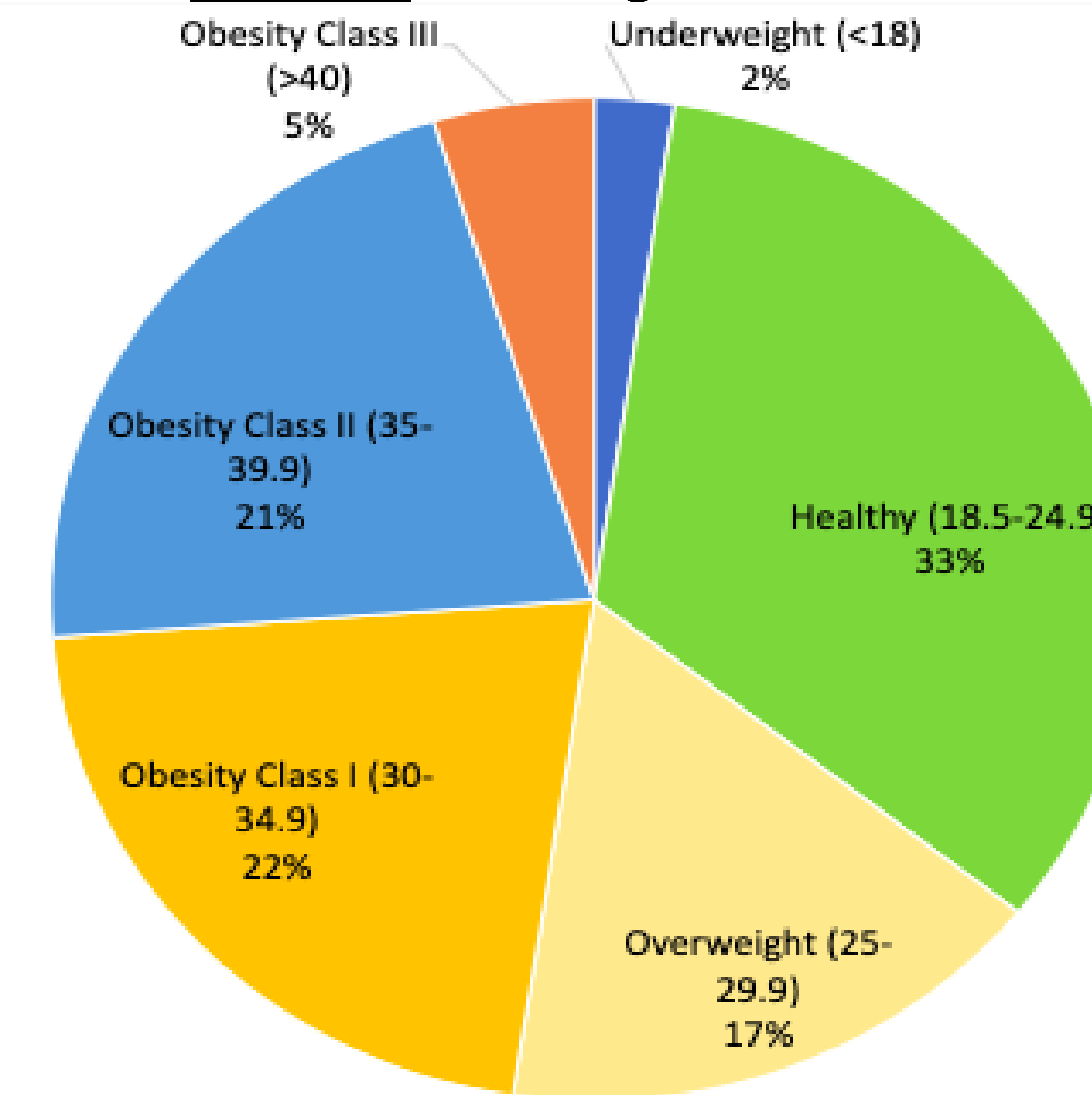


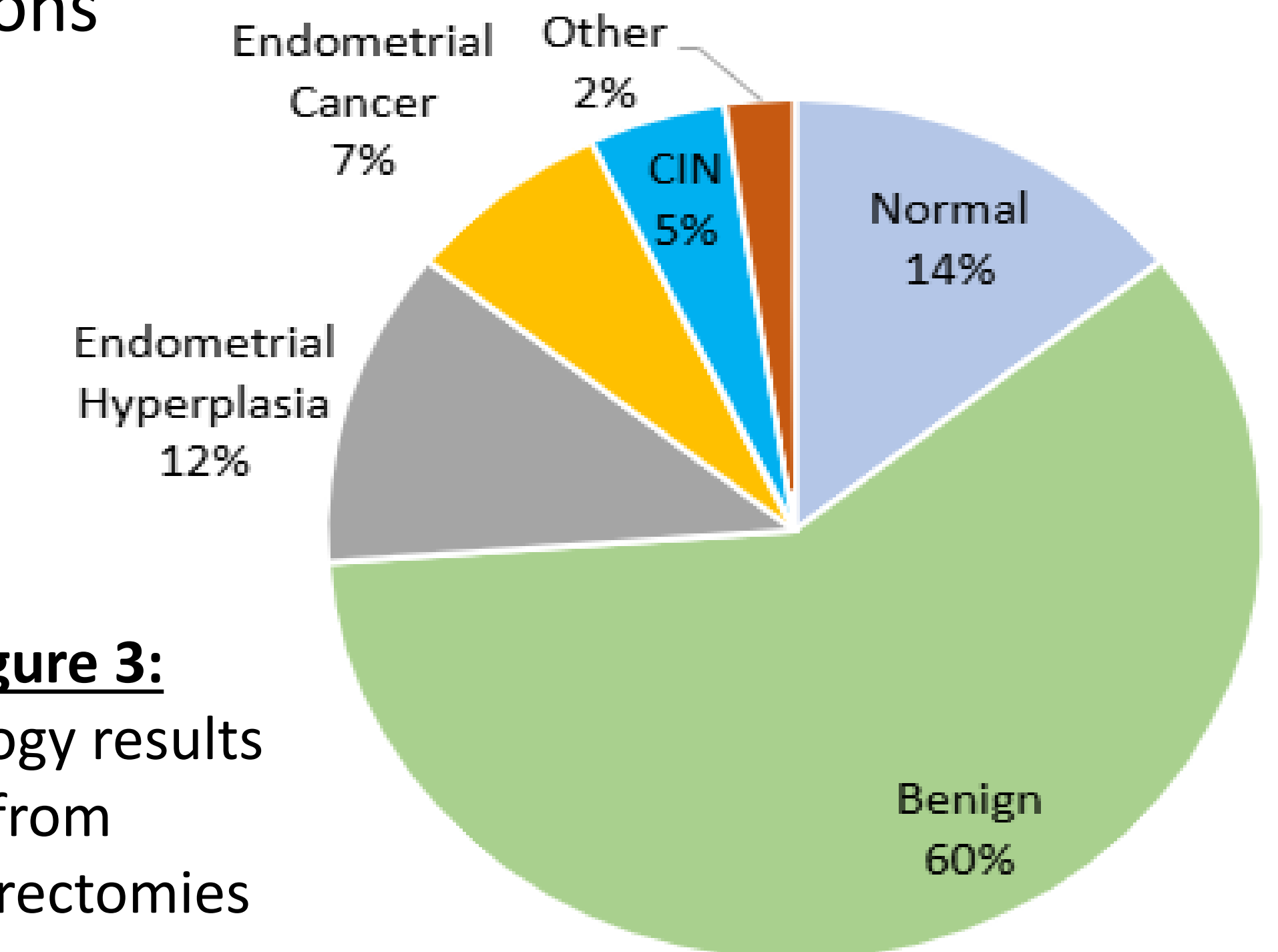
Table 1: Uterine sizes of Hysterectomies

	Uterine size (cm ³)
Mean size	182.8 cm ³
Median size	167.25 cm ³
Minimum size	26.25 cm ³
Maximum size	418 cm ³

- Complications – 2 cases
 - EBL =500ml due to thick vascular vaginal cuff
 - Vault haematoma managed with antibiotics
- Readmission – 2 cases with
 - Heavy vaginal bleeding – Examination under anaesthesia – vault oversewing vaginally
 - Offensive discharge – IV Antibiotics

- On Day 1 and Day 3 phone calls
 - No significant issues reported, 1x patient reporting dysuria, and 1x patient reporting sensitivity to low molecular weight heparin injections

Figure 3:
Histology results from
Hysterectomies



CONCLUSIONS

The introduction of a Day-Case Hysterectomy protocol at Worthing Hospital has proven both feasible and safe. This approach delivers significant benefits, including reduced hospital costs by minimizing inpatient stays and overnight admissions, improved theatre efficiency, and enhanced patient flow. Importantly, patient safety and satisfaction were maintained throughout, highlighting the protocol's clinical effectiveness and its potential for wider implementation across similar healthcare settings.