

Indications And Surgical Route For Hysterectomy For Benign Disorders: A Retrospective Analysis In A Large Tertiary Hospital Network

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Introduction

The Australian Atlas of Healthcare variation has listed hysterectomy and use of alternatives for HMB as an area of concern [1, 2]. Alternative treatments can be effective in up to 80% of cases for HMB [3] and access to these therapies should be optimised.

Hysterectomy is a potentially morbid operation with morbidity associated with route of operation. Whilst there are patient factors associated with the choice of route, we wanted to explore other ameliorable sources of variance.

Aims & Methods

To assess hysterectomies for benign indications including alternative treatments and route of operation. Data were retrospectively collected from 1/4/2018-31/6/2020.

Results

Patient demographics:

Age, year \pm SD	51.3 \pm 11.4
BMI, kg/m ² \pm SD	29.5 \pm 6.8
Uterine size, g \pm SD	292.5 \pm 416.3
Comorbidities, n (%)	9 (1.5%)
Abdominal operations, n (%)	175 (30%)
Parous, n (%)	490 (84%)
Private referral, n (%)	251 (43%)

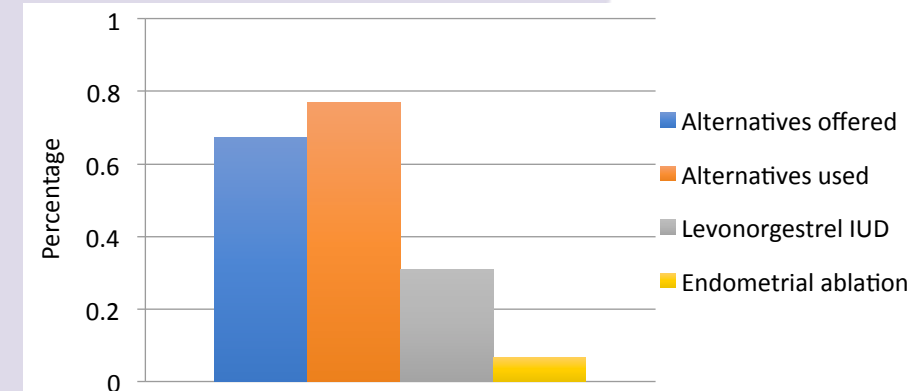
Hysterectomies for HMB were laparoscopic (51.7%) rather than abdominal (44%) or vaginal (13%), with wide inter-site variation.

Predictors of route of hysterectomy:

Predictive	Not Predictive
Referral source	BMI
Previous abdomino-pelvic operations	Parity
Uterine weight	Medical comorbidities

The use of alternative therapies pre-operatively did not vary between sites or referral sources.

Use of alternatives in eligible patients:



Discussion

The variations in route of hysterectomy that are unexplained by patient factors suggest room for improvement. Some patients undergoing a TAH may have been candidates for less invasive surgery. Patient uptake of alternative management strategies for HMB could also be improved.

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References

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