

International Seminar 3 : From South Africa

1) Natural Orifice Hysterectomy still the best?

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Hysterectomy is still the most common procedure performed for most benign conditions. According to the National Centre for Health Statistics approximately 617 000 hysterectomies were performed in 2004. The most common indications include abnormal vaginal bleeding and uterine fibroids. Worldwide, 70% of hysterectomies are performed by the abdominal route. Vaginal hysterectomy is the best minimally access surgical procedure for hysterectomy. (I.e. Natural orifice surgery)

Known benefits of vaginal hysterectomy : shorter hospital stay (compared to AH) ; less post-operative discomfort ; faster operating time (compared to TLH) and fewer complications.

Acknowledged to be the cheapest hysterectomy compared to AH and TLH.

EVALUATE Hysterectomy Trial ; VALUE Study : Severe complications of hysterectomy ; COCHRAN Trial Register : Systematic review and meta-analysis of randomised, controlled trials-methods of hysterectomy. The above trials confirm vaginal hysterectomy as the safest hysterectomy for menorrhagia and fibroid uteri.

Indications for LAVH and TLH-suspected pelvic pathology e.g. endometriosis, previous major gynaecological surgery.

Hence majority of hysterectomies are feasible as vaginal hysterectomy. This may be achieved by bisection of the uterus, myomectomy, morcellation, and coring.

OBJECTIVE : To evaluate the feasibility and complication rate of vaginal hysterectomy in women with enlarged uteri.

DESIGN : For a total of 1400 women who underwent vaginal hysterectomy for B9 pathology. The normally considered contra-indications of the vaginal route : moderate to excessive uterine enlargement, nulliparity, previous caesarean section, previous gynaecological, minimal utero-vaginal descent. PATIENT CHARACTERISTICS : Total number = 1 400 cases

Mean age = 41.5 yrs (range 25-29)

Mean parity = 3.2 (range 0-6)

Nulliparity = 68 cases (5%)

Multiparity = 1332 cases (95%)

Previous abdominal surgery = 240 cases (16.5%)

Minimal uterine descent = 1308 cases (90%)

Previous caesarean section : Total = 208 cases (14.8%)

Caesarean section x1 = 122 cases (60.2%)

Caesarean section x2 = 54 cases (25%)

Caesarean section x3 = 32 (14.8%)

RESULTS : Total number of patients = 1400 ; Abdominal Hysterectomy = 250 ; Conversion to TAH = 33

(2.4%) ; Successful vaginal hysterectomy = 1117 (79.8%) ; Duration of surgery (mean time) = 95 min ; Duration of stay in hospital (mean time) = 2.8 days (60 hours) (range 2-7 days) ; Mean weight of uterus = Mean 120 gm (range 80-520gm) ; Ave. weight of patient = 77 kg (range 55-121kg)

COMPLICATIONS : Pelvic infection-16 cases (1.3%) ; Retro peritoneal haematoma-11 cases (1.0%) ; Vault haematoma-6 cases (0.5%) ; Ureteric injury-0 cases (0%) ; Bladder injury-8 cases (0.8%) ; Complications related to : Laparoscopy-0 cases (0%) ; Vault abscess-6 cases (0.5%) ; Sub-acute bowel obstruction-1 cases (0.1%)

CONCLUSION : Vaginal hysterectomy can be performed successfully in women with relative contra-indications and with enlarged uteri.
