

Most hysterectomies should be performed vaginally or laparoscopically

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Approximately 600,000 hysterectomies are performed in the United States annually to treat benign disorders of the pelvis. More than two-thirds are performed through an abdominal incision. In an evidence-based position statement published online today in *The Journal of Minimally Invasive Gynecology*, the AAGL, a medical specialty society of over 5,000 gynecologic surgeons, advocates the practice of performing these procedures vaginally or laparoscopically in a minimally invasive manner, thus reducing morbidity and facilitating a faster recovery period.

Vaginal hysterectomy (VH) and laparoscopic hysterectomy (LH) are associated with low surgical risks and can be performed with a short hospital stay or in many instances as an outpatient procedure. Abdominal hysterectomy (AH) requires a relatively large abdominal incision and is associated with a number of disadvantages largely related to abdominal wound infections, relatively prolonged institutional stay, and delayed return to normal activities.

"When procedures are required to treat gynecologic disorders, the AAGL is committed to the principles of informed patient choice and provision of minimally invasive options," commented Franklin D. Loffer, MD, Executive Vice President/Medical Director of the AAGL. "When hysterectomy is necessary, the demonstrated safety, efficacy, and cost-effectiveness of VH and LH mandate that they be the procedures of choice. When hysterectomy is performed without a laparotomy, early institutional discharge is feasible and safe, in many cases within the first

24 hours."

Clinical situations once considered as contraindications to LH are obesity and a previous cesarean section. However, evidence suggests that, aside from longer operative times, safety and efficacy are similar for obese and non-obese patients.

In conclusion the position statement asserts that "It is the position of the AAGL that most hysterectomies for benign disease should be performed either vaginally or laparoscopically and that continued efforts should be taken to facilitate these approaches. Surgeons without the requisite training and skills required for the safe performance of VH or LH should enlist the aid of colleagues who do or should refer patients requiring hysterectomy to such individuals for their surgical care."

More information: The article is "Route of Hysterectomy to Treat Benign Uterine Disease," a position statement by the AAGL. Currently published as an Article in Press, it will appear in the *Journal of Minimally Invasive Gynecology*, Volume 18, Issue 1 (January/February 2011). [doi:10.1016/j.jmig.2010.10.001](https://doi.org/10.1016/j.jmig.2010.10.001)

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