

Malignancy ups risk of post-hysterectomy readmission

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(HealthDay)—Risk factors have been identified for 30-day readmission

following hysterectomy, according to a study published in the May issue of the *American Journal of Obstetrics & Gynecology*.

Malinda S. Lee, M.D., from Brigham and Women's Hospital/Massachusetts General Hospital in Boston, and colleagues examined risk factors for 30-day readmission following [hysterectomy](#) for 1,649 [women](#) with nongravid hysterectomies conducted from 2008 through 2010 (1,009 for benign indications and 640 for malignancy).

The researchers found that 6 percent of the women were readmitted within 30 days, with a mean time to readmission of 13 days. For women undergoing hysterectomy with benign indications, the odds of readmission were increased with a history of a laparotomy (including cesarean delivery) (adjusted odds ratio [aOR], 2.12) and a perioperative complication (aOR, 2.41). For women undergoing hysterectomy for malignancy, the odds of readmission were increased with an American Society of Anesthesiologists Physical Status Classification of III or IV (aOR, 1.92), a longer length of initial hospitalization (three days: aOR, 7.83), and an estimated blood loss of >500 mL (aOR, 3.29); the risk of readmission was reduced for women who underwent a laparoscopic hysterectomy (aOR, 0.32) and for those who were discharged on postoperative day one (aOR, 0.16).

"These findings can serve to develop interventions to allow gynecologic surgeons to appropriately stratify patients at highest risk for [readmission](#) at the time of hysterectomy," the authors write.

More information: [Abstract](#)
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