Reducing the rate of abdominal hysterectomies: the role of a benign gynaecology MDT

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Background
There is significant variation in the rate of abdominal hysterectomies performed across the UK, as shown by the RCOG Benign Gynaecology index. 42.8% of benign hysterectomies are performed abdominally, with a range of 17-67% across the lowest to highest decile. The benefits of vaginal or laparoscopic surgery are well known, and should be a focus of gynaecology care and training.

Here we demonstrate how we have successfully reduced our abdominal hysterectomy rate over a 3-year period, and discuss the challenges and next steps in achieving excellence, particularly with a high prevalence of uterine fibroids in our east London population.

Aims
To investigate the indications, routes and management for patients who underwent elective hysterectomy.

To identify areas of improvement in practice and areas where progress needs to be made.

Methods
Retrospective audit of all hysterectomies performed at Whipps Cross Hospital for benign and malignant gynaecological conditions during the years 2015, 2016, 2018.

Results
From 2015-2018: 62% increase in laparoscopic approach 27% decrease in open approach
62% of all hysterectomies now performed minimally invasively

Further decreasing the rate of TAH
Achieving excellence will require offering a minimal access approach to patients aged 40 - 50 years with a large fibroid uterus (>16/40 size). No preoperative investigations can definitively exclude sarcoma, therefore what level of risk is acceptable to allow a laparoscopic procedure?
The risk of morcellation or transection must be discussed with the patient with written information to allow an informed decision, following their wishes.
An MDT approach for more challenging cases allows a co-ordinated and consistent strategy across the department. A prospective fibroid database will provide high quality data collection, with long term follow up.

Training issues
Increase in laparoscopy by trainees - due to regular theatre scheduling and simulation sessions. Greater difficulties with TAH; laparotomy reserved for complex cases. Decreasing incidence of vaginal cases - need to improve skills here.

Conclusion
A significant reduction has been achieved in the rate of open procedures, despite a high average BMI. The major indication for laparotomy remains the large fibroid uterus, and progress is limited by the controversies surrounding morcellation. To further improve our rates of minimally invasive treatment for all eligible patients, we have established a benign gynaecology MDT, and a local fibroid database.