**Background**

- Laparoscopic hysterectomy is the preferred route for hysterectomy in the 21st century.
- This route is attractive to service providers and clients due to reduction in morbidity, length of stay (LOS) and women can return to work earlier due to enhanced recovery.

**Aims & Objectives**

- To evaluate all laparoscopic hysterectomies (LH) carried out in 2018
- To compare with the data from 2014 & 2016

**Methods**

- Retrospective Study
- Setting - Gynaecology Department, St Richard’ s Hospital, Chichester
- Data - Local gynaecology database, patients’ medical records, Hospital Electronic Result Database System
- Population – all women underwent laparoscopic hysterectomy between 01 January 2018 & 31 December 2018
- Microsoft Excel spreadsheet was used for analysis

**Results**

- Total of 94 laparoscopic hysterectomies were carried out during 2018
- 69.2% of cases were laparoscopic total hysterectomies
- 30.8% of cases were laparoscopic assisted vaginal hysterectomies
- Age range from 25 to 92 years with the mean age of 53.

**Types of Laparoscopic Hysterectomy**

- LAVH 31%
- TLH/STLH 69%

**Age Distribution**

- ≥ 60: 31
- 50-59: 23
- 40-49: 23
- < 40: 17

**Indications for Hysterectomy**

- Endometrial cancer 12%
- HMB 33%
- CAH 14%
- Pelvic pain/ endometriosis 6%
- Pelvic mass 2%
- Other 3%
- CIN 2%
- UVP 24%
- Fibroid 4%

- Commonest indication was for HMB followed by UVP.

**Comparison with 2016 & 2014 Local data**

<table>
<thead>
<tr>
<th>Types of Laparoscopic Hysterectomies</th>
<th>2018</th>
<th>2016</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLH</td>
<td>65 (69.2%)</td>
<td>37 (47.4%)</td>
<td>7 (10.9%)</td>
</tr>
<tr>
<td>LAVH</td>
<td>29 (30.8%)</td>
<td>41 (52.6%)</td>
<td>57 (89.1%)</td>
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</tbody>
</table>

**Surgeon**

- Consultant: 80 64 55
- Specialist Registrar: 14 14 9
- LOS (days): 1-2 (mean = 1.2) 1-6 (mean = 1.8) 1-5 (mean = 1.9)

**Complications**

**Intraoperative Complications**

- 3 (3.2%) Hemorrhage 1, bladder injury 1, bowel injury 1
- 6 (7.4%) Hemorrhage 3, bladder injury 3
- 1 (1.4%) Hemorrhage

**Readmission**

- 4 (4.3%) 5 (6.4%) Not available

**Trend of Laparoscopic Hysterectomy during 2014, 2016 & 2018**

**Conclusions**

- Our current observational study indicated the change in the trend of laparoscopic hysterectomies in our unit since 2014.
- Higher number of LH (particularly TLH) were performed in 2018, demonstrating improvement in surgical skills and techniques among the gynaecologists in our unit over the years.
- Enhanced Recovery Pathway was used in all cases
- Anticoagulant prescription for post-op patients was not consistent among the surgeons. 11 (11.7%) cases were not prescribed; one developed post-op wound haematoma, hence not given, no medical reasons provided for the rest.
- Lesser percentage of intra-operative complications and re-admissions in 2018 (3.2% & 4.3% respectively) as compared to those in 2016 (7.4% & 6.4% respectively).
- LOS is much improved in 2018; 84% were discharged home within 1 day of surgery.
- Higher no. of cases were performed by the consultant grades, with very small percentage carried out under supervision by the training grades since 2014.

**Recommendations**

- To standardise among the surgeons on prescription of post-operative anticoagulant therapy to the women having hysterectomies of any route
- To continue observing of laparoscopic hysterectomies in terms of rate, intraoperative & postoperative complications, LOS & readmissions
- To encourage supervised training to trainees who are interested and have completed the appropriate training course in minimal access surgery & currently doing ATSM
- Regular Re-audit to monitor all above.