Laparoscopic Trachelectomy Following Subtotal Hysterectomy: The Lanarkshire Method

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Introduction

Subtotal hysterectomy is regarded as a safe and effective management of benign uterine conditions. Of these however, 24.3% report symptoms related to the cervical stump necessitating further surgery. Indication for trachelectomy post sub total hysterectomy include stump prolapse, fibroid mass, cervical dysplasia, carcinoma in situ, irregular bleeding, and cervicitis.

Within NHS Lanarkshire we have innovated a new technique for trachelectomy following subtotal hysterectomy, allowing the cervical stump to be removed laparoscopically by an experienced surgeon. The advantages of the laparoscopic approach include possible adhesiolysis and providing adequate postoperative vault support.

Method

A retrospective case note review of laparoscopic trachelectomy was performed. In our unit, 8 laparoscopic trachelectomies were performed between November 2016 and November 2018. Patient demographics, primary surgery, indication for trachelectomy, interim period between procedures, intra operative and post operative complications, and post operative recovery were analysed.

Results

Laparoscopic trachelectomy was performed on a range of women aged 29-52 years. Indication for trachelectomy owed to bleeding in 50% of cases and abnormal smears in 50%. On average, trachelectomy was performed 7.6 years following primary surgery. Intra operatively there was a single bladder injury sustained laparoscopically (8.3%). Hospital stay post trachelectomy was 2 days. At follow up all women were satisfied with the results of laparoscopic trachelectomy with nil ongoing issues.

Conclusion

Laparoscopic trachelectomy displays reduced complications intra operatively, quick post operative recovery and excellent patient outcomes at post operative follow up. Our study demonstrates that the Lanarkshire method for laparoscopic trachelectomy is both a safe and effective alternative to vaginal trachelectomy and where feasible should be offered to appropriate patients.