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New Tides - Updates in choosing hysterectomy routes for benign uterine disease

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The present study was conducted by searching and reviewing the most recent medical literatures. Abdominal hysterectomy (AH) is the commonest route for surgical management of benign uterine disease that could be performed vaginally which has well-documented benefits. Abdominal hysterectomy (AH): vaginal hysterectomy (VH) is known to be 3:1. Evidence -Based Practice Guidelines for surgical management are defined by objective criteria - 'OUTCOME ' rather than subjective criteria - "Physician comfort, preference or experience ". But some gynaecologists remain reluctant to change their traditional "practice style" of performing hysterectomy abdominally giving priority to subjective criteria and ignoring objective criteria even without documenting vaginal route is contraindicated. Many publications

confirm guidelines enable physicians to perform up to 90% hysterectomy vaginally, dramatically reversing AH: VH to 1:11. ACOG committee on gynecological practice recommended VH is the approach of choice whenever feasible. Laparoscopic hysterectomy (LH) is an alternative to AH when VH is not feasible or contraindicated. Standard guidelines recommended AH are reserved for documented serious disease. A Cochrane review of 34 randomised trials of VH, LH, AH (4495 patients) concluded VH has the best outcome. AAGL recommended surgeons without requisites training and skills for safe VH or LH should take the aid of trained & skilled colleagues or refer to such surgeons. Training on different routes of hysterectomy has been emphasised during residency courses.

Biography

Shamsun Nahar has completed her MS from BSMMU (Bangabondhu Sheikh Mujib Medical University), Bangladesh. She is the Professor & Head of dept of OB-GYN, Central Medical College, Bangladesh. She has published more than 25 papers in reputed journals & has been serving as executive editor of Central Medical College journal.

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