

Outcomes of Laparoscopic Hysterectomy in Glangwili Hospital

Anuja Joshi , Mugahid Abbasher, Islam Abdelrahman

PRESENTED BY:

DR ANUJA JOSHI

MTI TRAINEE

GLANGWILI HOSPITAL

Overview

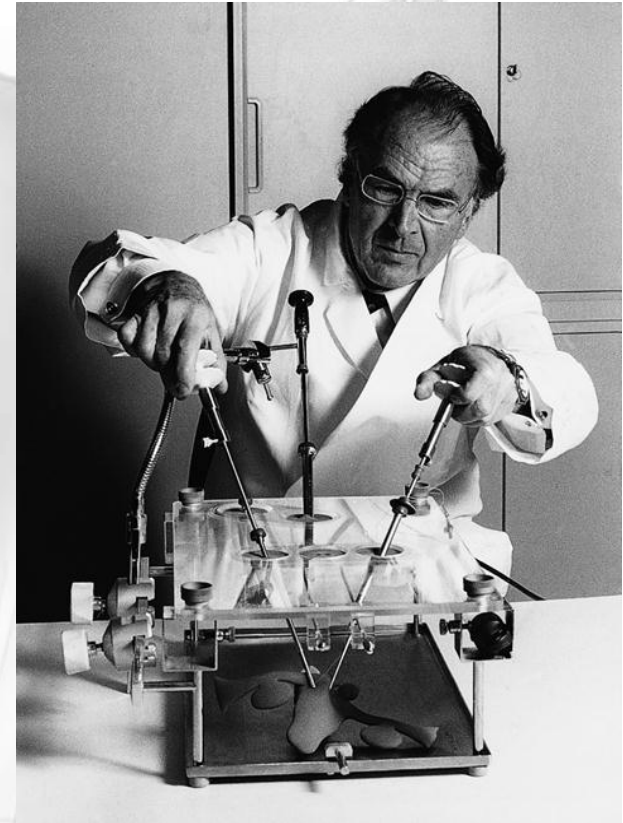
- Abdominal Hysterectomy Vs Laparoscopic Hysterectomy (Literature review)
- Audit of Laparoscopic Hysterectomy in Glangwili Hospital
- Patient satisfaction survey

Milestones -

- **1813**- Conrad Langenbeck – first VH
- **1863**- Charles Clay (Manchester) – Subtotal AH

These approaches remained the only two options until the latter part of the 20th century

- **1980s** – Kurt Semm suggested the use of Laparoscopic technique in hysterectomy
- **1989**- Harry Reich- Laparoscopic-assisted vaginal hysterectomy (LAVH)
- **1993** – Harry Reich – Total Laparoscopic Hysterectomy



Professor Semm

Endoscopic era -

- Decreased risk of incisional hernia
- decreased infection rate
- small scars-cosmetic appeal
- quick recovery
- improved QOL
- less blood loss
- less internal scarring

Despite all these advantages, more laparotomies are being performed as a first line surgery in developing, and even in developed countries

Abdominal Hysterectomy (AH) vs Laparoscopic Hysterectomy (LH) - Benign Conditions

- **Aarts et al. in 2015¹** carried out a Cochrane Systematic Review of **47 RCTs** with **5102** women comparing the **surgical approaches of hysterectomy in benign gynaecological disease**
- 25 RCTs involving 2983 women specifically compared LH to AH and found that there was a **quicker return to normal activities** in the LH group compared to the AH group
The mean difference was 13.6 days (95% CI)

Also associated with

- *Shorter duration of hospital stay*
- *Fewer wound infections*
- *Improved QoL in the first months and at 4 years post-surgery*

Total Laparoscopic Hysterectomy (TLH) vs Total Abdominal Hysterectomy (TAH) - Endometrial Cancer

- **Galaal et al. in 2012 ¹** carried out a Cochrane Systematic Review of 8 RCTs involving **3644** women comparing the above for the management of **early stage endometrial cancer**

Women in the laparoscopy group lost significantly less blood (MD = **106.82 mL**, 95% CI) & was associated with a significantly shorter hospital stay.

- **Wang et al. in 2013 ²** carried out a meta-analysis of 9 RCTs involving **1263** patients comparing the above approaches in early-stage endometrial cancer
It showed that TLH was associated with overall Lower risks of major complications.

Cost effectiveness

Procedure	Cost of theatre time (£) (2)	Average nights in Hospital (cost £225) (6)	Cost (£)	Total cost (£)
Abdominal hysterectomy	453.10	5.00	1125.00	1578.10
Vaginal Hysterectomy	395.72	3.00	675.00	1070.72
Laparoscopic hysterectomy	788.37	2.50	562.50	1350.87
Day case laparoscopic hysterectomy	788.37	0.00	0.00	788.37

Our Audit

It is an ongoing study which was initiated in 2010 & is audited on yearly basis to evaluate perioperative & postoperative outcomes of Laparoscopic Hysterectomy by Mr Islam

A faint, light-colored illustration of a laparoscopic hysterectomy procedure. It shows a patient's torso with a large, rounded uterus in the center. Several laparoscopic instruments, including long-handled graspers and a tubular retractor, are shown entering the abdominal cavity through small incisions. The background is a solid dark purple color.

Aim:

- To analyse perioperative & postoperative outcomes of Laparoscopic Hysterectomy with a specific focus on patient satisfaction

Methodology:

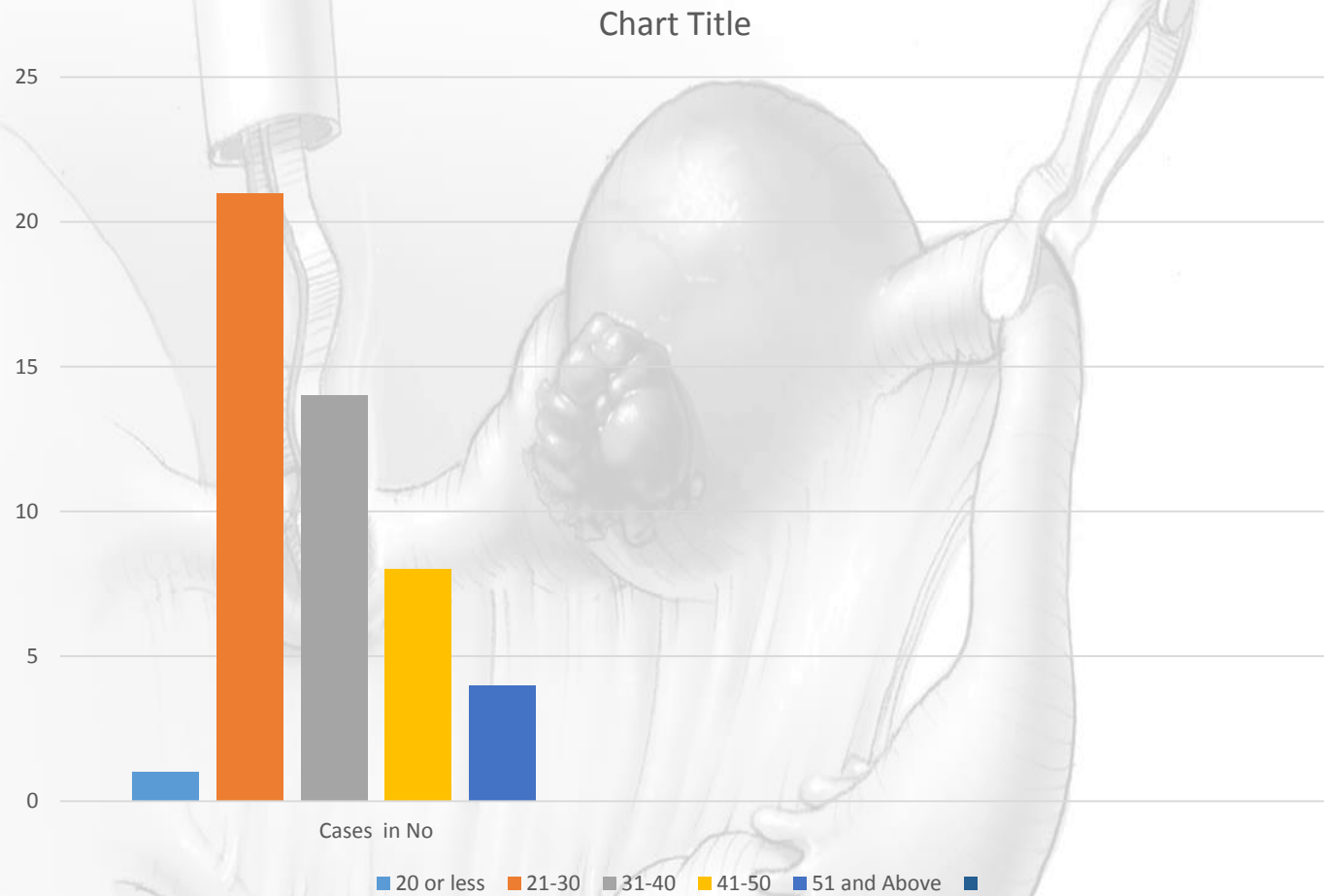
- A retrospective audit of the most recent 51 cases of Laparoscopic hysterectomy.
- Data was collected from clinical notes & patient satisfaction surveys

Our practice

- Pre-op leaflets
- Use a team which is familiar
- Training theatre staff including:
 - Position of patient, arm at sides, deep trendelenberg using *yellowfins stirrups*, Foam mattress to prevent cephalad migration & use of instruments.
- Appropriate padding in order to prevent nerve compression injuries
- To coagulate -we prefer use of *enseal* due to its nanoparticle thermostatic technology and as the lateral thermal spread is very minimal i.e 1 mm
- *V-care manipulator*
- Vault closure with *barbed suture* or interrupted vicryl
 - Drain & catheter – to be removed 6am the following day
 - Patient discharged 24 hours later – 5pm following day



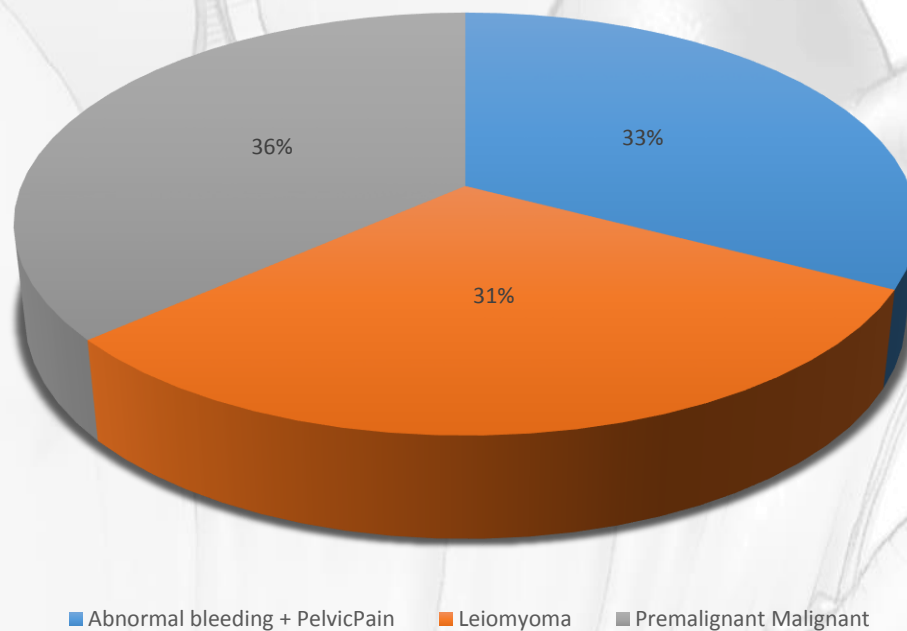
1. BMI



7 patients with BMI > 50 !!!!

2. Indication

Indication Pie Chart with in 51 cases



Most of the premalignant endometrial lesions turn out to be IA & IB

3. Blood loss & drop in Hb

- The estimated intra-operative blood loss was less than 300ml
- In Studied 51 cases , 49 patients had the drop in Hb of 1-1.5 gm. Remaining 2 had Hb drop of 2.2 – 2.5gm
- No patient required blood transfusion

4. Operative time

- We considered operating time since patient entering the theatre till her exit from the theatre back to the recovery ward which was poorly recorded.
- The average operating time in our unit was ≤ 120 min which is not very accurate & we aim to correct this in the future
 - The actual operating time was much less – on average 45-90 minutes
- These values match with the values mentioned by NICE ¹

5. Uterine weight (from sx histology)

- The weight of uterus checked randomly in 11 patients ranged from 200 gm to 1300 gm. (In 3 cases out of 11 the weight was more than 1 kg)
- The average weight in some other studies was 1002 g (Uccella S et al 2014), 700 g (R Sinha et al 2009).
- The sizes of uteri (clinical assessment) ranged from normal size to 16 week size
- Surgical adaptations were necessary in order to facilitate the removal of larger uteri
 - Placing port above the umbilicus
 - Use of 30 degree scope
 - Vaginal bisection/encoring of the uterus

6. Intra-op & post-op complications

Total Cases (51)			
	Our Audit (n=51)	NICE %	Donnez ET AL
Bowel injury	0	2	0.06
Bladder injury	1 case	1	0.38
Ureteric injury	0	1.3	0.32
Vessel injury	0	3	0.06
Blood transfusion	0	0.97	0.06
Conversion to Laprotomy	1 case	2.79	1
vault dehiscence	0	2	0.018
PE/ DVT	1 case	1	1

7. Stay in the hospital

Duration of Stay	Patients
24 hours	31
2 days	12
3days	2
4 days	1

- **Average Length of Stay is 1.40 but majority of patients were observed to get discharged within 24 hours**
- *The prolonged stay was with patients who had a combined vaginal repair.*

8. Patient satisfaction

- Noted from the satisfaction surveys given to patients
- Overall the response was very positive- praising ward staff, anaesthetists & surgeons
 - “Feeling wonderful, would recommend key-hole surgery”
 - “Staff were very helpful”
 - “Anaesthetist was very kind and reassuring”
 - “When Nursing staff and the surgeon met me on the wards post-operatively, I felt that I received personalised care for which I am grateful”
 - “Fantastic surgeon, staff was wonderful and everybody was very helpful”
- 89 % have completed the satisfaction survey & 100 % of them had received the leaflet
- In the majority of them it took on average 4-5 weeks for a complete recovery
- Learning point -2 patients wanted more emphasis on post-op care

Discussion-

- Maximum benefit – *High BMI & multiple large fibroid uterus*
- The traumatized group of cancer patients can be benefitted with laparoscopy due to less pain & early discharge

Recommendations/future plans -

- Continue familiarizing theatre staff & **assistant staff** to the procedural steps which in turn will shorten the duration of procedure. The staff lead should be notified of the high risk cases in advance to gather a proper team.
- Timing of *actual procedure* (after position till closure of ports) should be noted & mentioned in op notes
- Emphasizing the importance of '*1 day stay*' of LH patient to ward staff hence conducting the educational sessions about importance of early ambulation & discharge.
- To continue *this yearly audit* in order to reach highest standards

**“DON'T PRACTICE
UNTIL YOU GET IT
RIGHT.**

**PRACTICE
UNTIL YOU CAN'T
GET IT WRONG.”**

Pretty... BEAUTIFUL... Things

T E A M W O R
K

An illustration featuring seven black stick figures standing on a light beige horizontal bar. Each figure is holding up a large, bold, black letter. The letters, from left to right, are T, E, A, M, W, O, and R. To the right of these letters, there is a single black stick figure walking towards the left, positioned below the letter K, which is also on the bar. The letter K is smaller and underlined. The background is white with dark grey rectangular blocks in the top corners.

Last Important Survey

THANK YOU

A survey by IMA showed 56% of doctors do not get a comfortable 7 hour sleep most days of the week.

