STANDARD TREATMENT WORKFLOW (STW)

Hysterectomy for Benign Gynaecological Conditions

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**Standard Treatment Workflow (STW) for**

**HISTERECTOMY FOR BENIGN GYNAECOLOGICAL CONDITIONS**

**HYSTERECTOMY TO BE CONSIDERED ONLY WHEN CHILD BEARING IS COMPLETED & RARELY IN YOUNGER PATIENTS**

- Symptomatic fibroids especially if not responding to medical management
- Asymptomatic fibroids greater than or equal to 1 cm or if fibroid size above 8 cm
- Pelvic pain causing hypochromatines
- Rapidly enlarging fibroids
- Submucous myoma greater than 4 cm

**INDICATIONS:**

- Failed medical treatment
- Endometrial hyperplasia without atypia with failed medical treatment
- Endometrial hyperplasia with atypia
- Endometrial hyperplasia with atypia and CIN II with poor compliance or CIN III

**MISCELLANEOUS:**

- Adenomyosis, need for hysterectomy to be individualised and justified
- Recurrent post-menopausal bleeding (even in the absence of malignancy)

Simple ovarian cysts less than 6 cm in size and without other significant/suspicious features should be kept on observation and reviewed after 6 months.

**HYSTERECTOMY SHOULD NOT BE DONE FOR**

- White discharge per vaginum
- Convicts
- Histology/other specific abdominal or pelvic pain
- Minor degree of uterine orgasm problems
- Fibroids, which are small (less than 5 cm)
- Asymptomatic (less than 3 weeks or slow dilatation)
- Simple ovarian cyst less than or equal to 2 cm

**COMPONENTS OF PRE OPERATIVE COUNSELLING AND INFORMED CONSENT**

- Need for hysterectomy
- Alternative treatment options
- Risks and benefits
- Potential complications of the procedure
- Removal /conservation of ovaries & tubes
- Route of hysterectomy
- Possible need for post operative hormone therapy in selected cases

**INVESTIGATIONS**

- Complete Blood Count
- Blood grouping & cross matching
- Fasting Blood Sugar & Pre Prandial Blood Sugar
- Renal Function Test
- Liver Function Test
- Urine Routine & Microscopy
- Electrocardiogram
- X-ray chest
- Others as indicated

**COMPLICATIONS TO BE EXPLAINED**

- Risk of infection
- Bleeding (primary / reactionary /secondary)
- Injury to bladder / bowel / ureter
- Pain
- Fever
- Intrauterine IUD (rare and late complication)

**FOLLOW UP**

- Discharge summary with operative details
- Review for histopathology report
- Report if there is fever, bleeding or any other symptoms
- Avoid lifting heavy weight for 6 weeks
- Abstinence for eight weeks
- Adolescents iron and calcium & Vitamin D3 supplements
- Evaluate need for hormones in very selected patients

**COUNSELLING IS AN IMPORTANT ADJUNCT TO MANAGEMENT**

**KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**

This STW has been prepared by the National society of India with feasibility considerations for various levels of healthcare systems in the country. These broad guidelines are advisory and may vary in expert opinion and available scientific evidence. There may be variations in the management of an individual patient based on his or her specific condition, as advised by the treating physician. There will be no liability for direct or indirect consequences. Kindly visit our website jefi.org.in for more information.

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