STANDARD TREATMENT WORKFLOW (STW)

Hysterectomy for Benign Gynaecological Conditions

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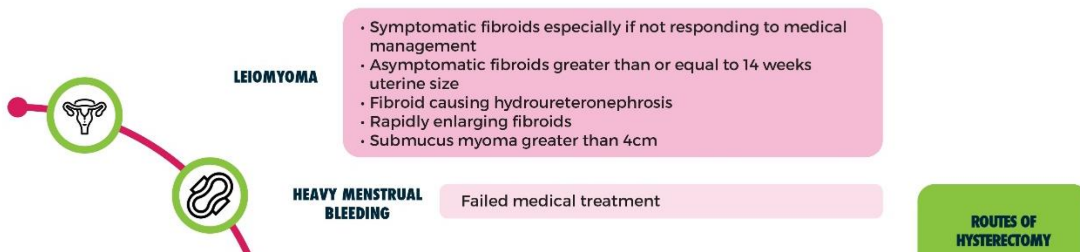
October/ 2019

Standard Treatment Workflow (STW) for

HYSTERECTOMY FOR BENIGN GYNAECOLOGICAL CONDITIONS

IN WOMEN AGED LESS THAN 40 AND/OR LOW PARITY IT IS MANDATORY TO HAVE A SECOND OPINION FROM A QUALIFIED GYNAECOLOGIST

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



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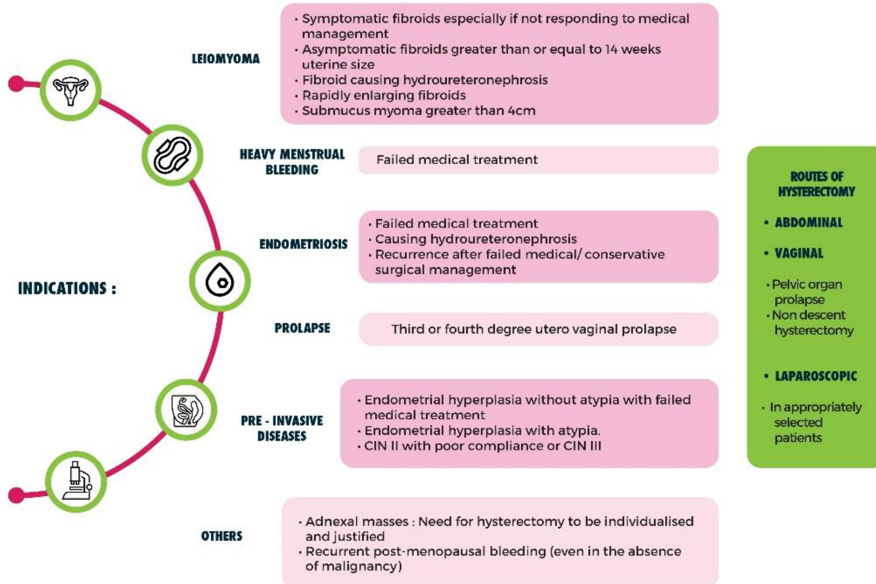

ROUTES OF HYSTERECTOMY

- **ABDOMINAL**
- **VAGINAL**
  - Pelvic organ prolapse
  - Non descent hysterectomy
- **LAPAROSCOPIC**
  - In appropriately selected patients

Simple ovarian cysts less than 5 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	Cervicitis	Non specific abdominal or pelvic pain	Minor degree of utero vaginal prolapse	Fibroids which are small (less than 5 cm) or Asymptomatic (less than12 weeks size uterus)	Simple ovarian cyst less than or equal to 5 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 & Post 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
- Hernia (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 8 weeks
- Abstinence for eight weeks
- Adequate iron and calcium & Vitamin D3 supplements
- Evaluate need for hormones in very selected patients

- **Ovaries should be preserved in most pre-menopausal women unless diseased or removal specifically indicated**
- While doing hysterectomy for benign gynaecological conditions in pre-menopausal women, it is recommended to combine it with bilateral salpingectomy with a view to minimise the risk of subsequent development of ovarian malignancy [1,2]

1. *Pérez-López FR et al, Interventions to reduce the risk of ovarian and fallopian tube cancer: A European Menopause and Andropause Society Postition Statement. Maturitas. 2017*
2. *Darelius A et al, Efficacy of salpingectomy at hysterectomy to reduce the risk of epithelial ovarian cancer: a systematic review. BJOG. 2017 .*

COUNSELLING IS AN IMPORTANT ADJUNCT TO MANAGEMENT

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.

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