Hysterectomy – to what are our trainees exposed?

Tom Paxton-Hall[1], Chris Arthur[1,2]

Contact: Thomas.Paxton-Hall@health.qld.gov.au

[1]Department of Obstetrics & Gynaecology, Gold Coast University Hospital, Gold Coast, Australia, [2]Griffith University, Gold Coast, Australia

Introduction

For benign disease, vaginal hysterectomy (VH) and laparoscopic hysterectomy (LH) are preferred to abdominal hysterectomy (AH)1. We determined trainee's exposure, including by mode and surgical complexity, to hysterectomy at our tertiary facility, and compared it to guidelines published by The Australasian Gynaecology Endoscopy and Surgery Society (AGES)2 and RANZCOG regarding scope of practice for laparoscopic hysterectomy.

Methods

All hysterectomies at the Gold Coast University Hospital between 1st January 2017 and 31st December 2017 were reviewed. Differentiation criteria were;
- Mode of hysterectomy
- Operative complexity (AGES Levels of Scope Clinical Practice)
- Operative team (General, Gynae-Oncology, Urogynaecology)
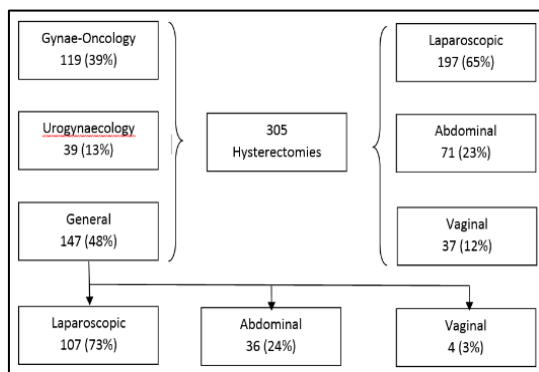- Trainee grade (Training Fellow Urogynaecology, Gynae-Oncology, AGES, or General Trainee)

Results

Figure 1: Total hysterectomies performed by team and mode.

Amongst the General gynaecological teams there was a preference for LH (73%) compared to the other modalities. VH was uncommonly performed by a General team, with 4 performed comprising of 3% of all hysterectomies performed by a general team.

Of the 206 hysterectomies performed for presumed benign disease; 129 were LH (63%), 40 (19%) were AH, and 37 (18%) were VH. Of the LH undertaken for presumed benign disease, 87 (67%) were performed by General trainees and 54% of these were graded at least AGES Level 5.

Conclusion

Trainee exposure to LH is more common than to AH or VH. The majority of LH performed were complex (AGES Level 5 or above). Almost all VH were performed by Urogynaecology and General trainee exposure to this procedure was limited.

References:
1. Schmitt et.al, 'Determining Optimal Route of Hysterectomy for Benign Indications: Clinical Decision Tree Algorithm', 2017. Obstet Gynecol, 129(1): 130-138.
2. RANZCOG, AGES. Guidelines for performing gynaecological endoscopic procedures, 2018