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WHEN IS CONCOMITANT VAGINAL HYSTERECTOMY PERFORMED DURING ANTERIOR COLPORRHAPHY?
A SURVEY OF CURRENT PRACTICE AMONGST GYNAECOLOGISTS

Hypothesis / aims of study

At the time of anterior colporrhaphy gynaecologists often perform a concomitant vaginal hysterectomy when there is uterine descent with traction on the cervix in theatre. Patients are often consented for 'anterior colporrhaphy ± vaginal hysterectomy'. This judgment under general anaesthetic may not necessarily be indicative of future uterine prolapse and recurrence of symptoms. Unnecessary hysterectomy may increase operative morbidity and the cost of healthcare services (longer operative time and hospital stay). Gynaecological surgeons appear to vary in their opinion as to when to perform a vaginal hysterectomy. The aims of this study were to determine the attitudes and current practice of gynaecologists with regard to the need for concomitant vaginal hysterectomy during prolapse surgery, and to determine whether gender and surgical experience impact on the decision process.

Study design, materials and methods

Gynaecologists attending a regional conference were asked to take part in the survey. They were shown five photographs (projected on a screen), each illustrating a different degree of uterine descent with downwards traction on the cervix. According to the Pelvic Organ Prolapse Quantification (POP-Q) system, 'point C' ranged from –2cm (Photo 1) to +2cm (Photo 5). The surgeons were asked to study the photographs and decide whether, at the time of anterior colporrhaphy, they would also perform a vaginal hysterectomy, and answer: a) never, b) possibly, c) probably or d) certainly. The surgeons completing the survey were asked their gender and level of experience by grade (consultant or trainee). Surgeons' responses were then collated and analysed. Hysterectomy was considered likely ("yes") if the answer was 'certainly' or 'probably' and unlikely ("no") if the answer was 'possibly' or 'never'. Statistical analysis was performed using chi-squared and paired t-tests.

Results

Fifty-nine surgeons completed the survey (26 consultants and 33 trainees; 28 males and 29 females). The decision to do a hysterectomy did not appear to be significantly influenced by the gender ($p=0.12$) or experience ($p=0.94$) of the surgeon (Figure 1). Surgeons were more likely to perform a hysterectomy as descent of the cervix increased with traction (Figure 2).

Interpretation of results

Gender and experience of the surgeon did not appear to have an impact on the decision whether to perform vaginal hysterectomy at the time of anterior colporrhaphy. Most surgeons considering a hysterectomy are influenced by the degree of descent of the cervix with traction in theatre. The survey showed that on average 67.8% of gynaecologists would have performed a hysterectomy if 'point C' was between -2cm to +2cm on POP-Q analysis in theatre. If cervical descent is at POP-Q stage III (Photo 5) most surgeons proceed with a hysterectomy. When the degree of cervical descent is at POP-Q stages I-II (Photos 1-4) surgeons appear more divided in their opinion.

Concluding message

The decision whether to perform concomitant vaginal hysterectomy during anterior colporrhaphy is not influenced by gender or level of surgical experience. It is unclear whether the degree of uterine descent with traction on the cervix under anaesthesia (rather than in clinic) should be used to determine the need for a concomitant vaginal hysterectomy at the time of anterior colporraphy. A study is underway to evaluate the surgical outcome of uterine preservation surgery in such patients in our department. Uterine descent (POP-Q – 'point C') at follow up will demonstrate the prudence of this approach

Figure 1: Effect of gender and experience on decision to perform vaginal hysterectomy

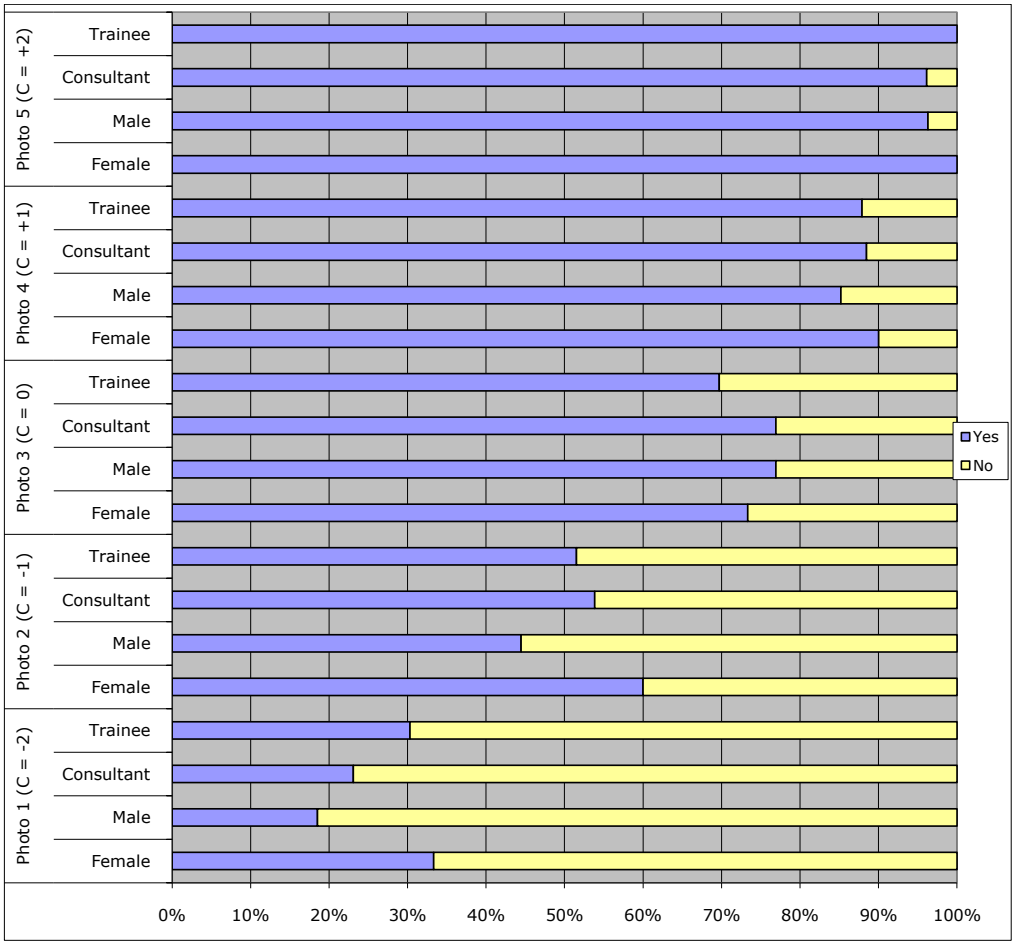
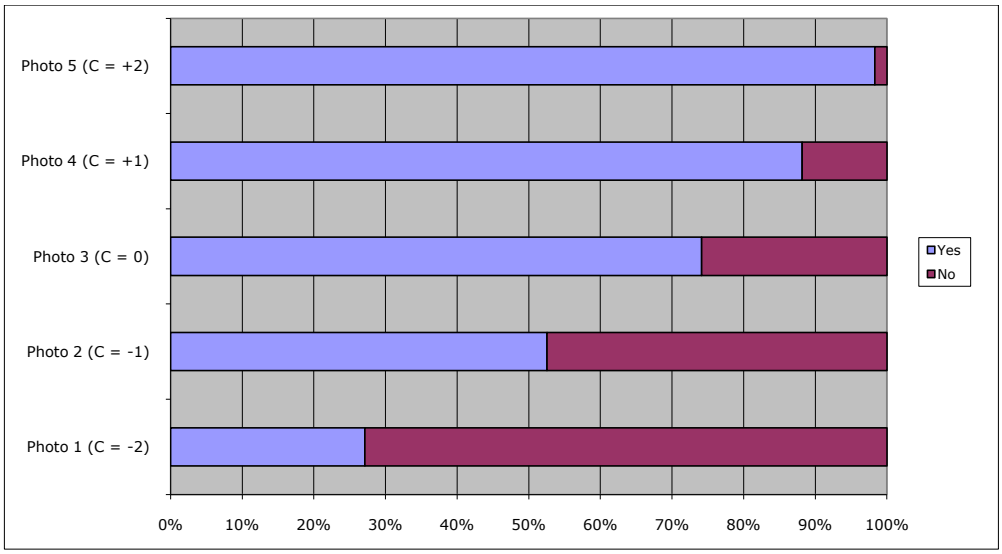


Figure 2: Decision to perform hysterectomy based on degree of cervical descent with traction



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Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**No patients were involved it was a survey of gynaecologists**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**