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Title (type in CAPITAL LETTERS, leave one blank line before the text)						
<b>TOTAL VERSUS SUBTOTAL HYSTERECTOMY: EFFECT ON BLADDER AND BOWEL FUNCTION</b>						
<p>Hysterectomy may be total or subtotal (when the cervix is conserved) Total abdominal hysterectomy disrupts the intimate anatomical relationship between the uterus, bladder, bowel and vagina, and it is reasonable to suppose that organ function might be altered by the surgery It might also be supposed that the less extensive subtotal hysterectomy might alter function to a lesser degree. Which operation causes less disruption to bladder, bowel or sexual function remains contentious</p> <p><b>AIMS:</b> We conducted a prospective, randomised, and multicentre study of total versus subtotal hysterectomy to resolve the controversy</p> <p><b>METHODS:</b> We recruited women who were <math>\leq 60</math> years, weighed <math>\leq 100</math> KGs, had regular normal smears and were having hysterectomy for benign indications Randomisation was by computer generated random numbers in opaque sealed envelopes and both investigator and study subjects were "blind" to the operation. Urinary &amp; bowel function were assessed using designer and validated questionnaires pre-operatively, and at 6 and 12 months post-hysterectomy Urodynamic studies were conducted at the same time All definitions conform to ICS classifications.</p> <p><b>RESULTS:</b> This is an ongoing study A total of 323 women have been recruited To date 199 women have completed 12 months follow-up Of these, 91 women had a subtotal hysterectomy and 108 had a total hysterectomy. The mean age of the women in the total hysterectomy group was 44.2 years and in the subtotal group was 44 years Preoperatively no differences were seen in baseline measures of urinary, bowel and sexual function. Table 1 shows data for pre and post operative urinary function after hysterectomy</p>						
<b>Symptoms</b>		<b>Total hysterectomy</b>			<b>Subtotal hysterectomy</b>	
	Pre op	Postop 6mon	12 mon	Pre op	Postop 6mon	12 mon
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Frequency	19 (21)	17 (7)	20 (14)	22 (24)	19 (23)	19 (23)
Nocturia	31 (29)	12 (12)	21(23)	19 (21)	3 (4)	10 (22)
SI	11 (10)	6 (6)	8 (9)	9 (10)	3 (4)	7 (8)
UI	14 (13)	7 (7)	10 (11)	16 (18)	8 (1)	8 (10)
Incomplete bladder emptying	35 (33)	27 (27)	19 (21)	21 (23)	17 (21)	11 (13)
Straining	15 (14)	9 (9)	9 (9)	7 (8)	3 (4)	5 (6)
Poor stream	1 (1)	3 (3)	2 (2)	4 (4)	0	0

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Analysis was carried out for between group differences on urinary function 6 and 12 months post operatively. Non parametric tests were used. No significant differences in urinary function between the two groups. When comparing the difference preoperatively, 6 and 12 months postoperatively in both groups stress incontinence was significantly reduced ( $p < .01$ ) 6 months postoperatively in the total hysterectomy group but failed to reach significance at 12 months. In the total hysterectomy group frequency of micturition reduced significantly at 6 and 12 months postoperatively. In the subtotal group frequency of micturition reduced significantly ( $< .005$ ) at 6 months but not at one year. However, nocturia reduced significantly ( $p < .05$ ) at one year. Urodynamic studies were carried out on 188 women preoperatively, 142 women at 6 months and 130 at 12 months. No changes were seen in the urodynamic parameters or bowel function between the two groups and before and after surgery.

Table 2

Symptoms	Total hysterectomy			Subtotal hysterectomy		
	Pre op n (%)	Postop 6mon n (%)	12 mon n (%)	Pre op n (%)	Postop 6mon n (%)	12 mon n (%)
Bowel <3/day	15 (14)	11 (11)	14 (15)	8 (9)	7 (8)	7 (8)
Hard stools	21 (20)	24 (24)	18 (20)	22 (24)	15 (18)	19 (23)
Frequent straining	14 (15)	20 (20)	14 (15)	8 (9)	10 (11)	9 (11)
Use of laxative	3 (3)	11 (11)	10 (11)	8 (9)	8 (10)	7 (8)
Urgency	19 (19)	22 (22)	25 (27)	14 (15)	21 (26)	21 (25)
Flatus	2 (2)	4 (4)	5 (5)	2 (2)	2 (2)	2 (2)
incontinence						
Faecal incontinence	1 (1)	0	0	1 (1)	0	0
Digitation	14 (13)	16 (16)	9 (10)	9(10)	11(4)	6 (7)

**Conclusion:** Contrary to popular belief, neither urinary or bowel function are affected by total or subtotal hysterectomy.