The Decline of Hysterectomy for Benign Disease

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Abstract

Hysterectomy is one of the most common gynaecological surgical procedures performed but appears to have a decline in the performance of this procedure in Ireland in recent times. We set out to establish the exact extent of the decline of hysterectomy and to explore possible explanations. Data for hysterectomy for benign disease from Ireland was obtained from the Hospital In-Patient Enquiry Scheme (HIPE) section of the Economic and Social Research Institute for the years 1999 to 2006. The total number of hysterectomies performed for benign disease showed a consistent decline during this time. There was a 36% reduction in the number of abdominal hysterectomy procedures performed.

Introduction

Hysterectomy is defined as the surgical removal of the uterus. It is a very common surgical procedure and may also involve the removal of the fallopian tubes, ovaries and cervix as a treatment modality for a number of gynaecological complaints. There are a number of methods of hysterectomy and the most popular are abdominal hysterectomy (AM), vaginal hysterectomy (VH) and laparoscopic hysterectomy (LH). Heavy menstrual bleeding (HMB) or menorrhagia is the most common benign indication for hysterectomy and is a complaint of up to 30% of women in the later parts of menstrual life. HMB affects the quality of life of many women. Many women attend their general practitioner for menstrual problems before referring to gynaecology services. Hysterectomy was once considered the only suitable surgical treatment for women suffering from HMB. Over a decade ago it was estimated that at least 60% of women presenting with HMB would have a hysterectomy and this was often as a first line form of management. However, a number of treatments have emerged as alternatives to hysterectomy both in the form of pharmacological and non-surgical treatments. Hysterectomy is a major surgical procedure associated with risks of bleeding, infection, anaesthesia, and a prolonged period of recovery. In our study, declining abdominal hysterectomy rates account for the reduction in annual total hysterectomy rates. One systematic review (21) of the literature on hysterectomy for benign disease concluded that hysterectomy rates have increased over time and are higher in younger women. This has been attributed to a lack of information about simpler and less invasive options for treatment of the menstrual problems.

Methods

Data for hysterectomy for benign disease from Ireland was obtained from the Hospital In-Patient Enquiry Scheme (HIPE) section of the Economic and Social Research Institute for the years 1999 to 2006. The first year for which returns of this data was obligatory was 1999 and from 2005 the coding scheme was modified and now uses the ICD-10-AM. (The International Classification of Diseases, 10th Revision, Clinical Modification known as ICD-9-CM). The HIPE Scheme is a computer based health information system designed to collect medical and administrative data regarding discharges and deaths from acute hospitals. Each HIPE discharge record represents one episode of care and patients may have been admitted to more than one hospital with the same or different diagnoses. The HIPE data for hysterectomy for benign disease from Ireland was obtained for the years 1999 to 2006 (Table 1). The total number of hysterectomies performed for benign disease was 21,065 and there was a 27% reduction in total hysterectomies during this time. The figures include a marked decline in laparoscopic procedures. In our study, declining abdominal hysterectomy rates account for the reduction in annual total hysterectomy rates.

Results

The HIPE data for hysterectomy for benign disease from Ireland was obtained for the years 1999 to 2006 (Table 1). The total number of hysterectomies performed for benign disease was 21,065 and there was a 27% reduction in total hysterectomies during this time. The figures show a marked decline in hysterectomy procedures. The overall complication rate was higher for abdominal hysterectomy in this study. Previous abdominal or pelvic surgery, previous pelvic inflammatory disease and obesity can increase the relative risk of complications.

Discussion

We have shown a significant decline in hysterectomy in recent years. No remarkable decline in vaginal hysterectomy was observed and the decline can be attributed to a reduction in abdominal hysterectomies. Similar findings have also been seen in England confirming that hysterectomy is a decreasing procedure. Our study has also shown a reduction in the use of abdominal hysterectomy in the management of fibroids. In recent years, interest has increased in the use of alternative treatment modalities for the management of fibroids especially laparoscopic myomectomy. We have not examined the details of discharge diagnoses and specific age groups in our study of hysterectomy for benign disease. It seems likely that the decline in hysterectomy rates would be found in those women with uncomplicated dysfunctional uterine bleeding. Further work is required to establish whether or not there has been a significant change in the use of hysterectomy in the management of fibroids, endometriosis or urogenital prolapse. The decline in hysterectomy rates observed in Ireland over the past decade is clearly advantageous to women. It has been reported that a number of alternative surgical options have become available in recent years for the management of the symptoms of fibroids. This study also reports a significant decline in the number of hysterectomies performed for benign disease was 21,065 and there was a 27% reduction in total hysterectomies during this time. The figures include a marked decline in laparoscopic procedures. In our study, declining abdominal hysterectomy rates account for the reduction in annual total hysterectomy rates.

Before endometrial ablation techniques became widely available in the early 1990s, recourse to a hysterectomy was the only definitive treatment available if medical treatment did not alleviate symptoms. Since this time, a number of alternative surgical options have become available. Although the vaginal route is the preferred route in the removal of the uterus, hysterectomy is still preferred for conditions such as uterine prolapse or endometriosis. The decline in hysterectomy and the totals are thought to represent 95% of national coverage by the Department of Health and Children. The decline in hysterectomy cannot be explained by population fluctuation either as the female population has increased overall as shown in the last Census (2006). We have not examined the details of discharge diagnoses and specific age groups in our study of hysterectomy for benign disease. It seems likely that the decline in hysterectomy rates would be found in those women with uncomplicated dysfunctional uterine bleeding. Further work is required to establish whether or not there has been a significant change in the use of hysterectomy in the management of fibroids, endometriosis or urogenital prolapse. The decline in hysterectomy rates observed in Ireland over the past decade is clearly advantageous to women. It has been reported that a number of alternative surgical options have become available in recent years for the management of the symptoms of fibroids. This study also reports a significant decline in the number of hysterectomies performed for benign disease was 21,065 and there was a 27% reduction in total hysterectomies during this time. The figures include a marked decline in hysterectomy procedures. The overall complication rate was higher for abdominal hysterectomy in this study. Previous abdominal or pelvic surgery, previous pelvic inflammatory disease and obesity can increase the relative risk of complications.

An important consequence of the reduction in hysterectomy rates may be the effect on obstetricians and gynaecologists in training. Most studies on surgical competency have found a relationship between volume (of procedures performed) and outcome for hysterectomy. Studies on surgical competency have found a relationship between volume (of procedures performed) and outcome for hysterectomy.

Acknowledgement

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