The decline of hysterectomy for benign disease.[commentary]

The Decline of Hysterectomy for Benign Disease

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Sir

We read with great interest the well written and informative article recently published in The Irish Medical Journal entitled â The Decline of Hysterectomy for Benign Diseaseâ . We would like to add our experience with Uterine Artery Embolisation (UAE) which we feel has had a significant effect on reducing the number of hysterectomies carried out in Ireland.

UAE to treat fibroids was first described in 1995 by Ravina et al [1] and has become an increasingly popular alternative to hysterectomy for the treatment of menorrhagia due to fibroids, uterine myoma and uterine vascular malformations, particularly in recent years. UAE for the treatment of uterine fibroids is a minimally invasive technique with low complication rates and very good clinical efficacy [2]. The authors of the article have described a significant decrease in hysterectomies for benign disease in the Republic of Ireland from 1999 to 2006. There can be no doubt that this is in part due to the advent of this minimally invasive procedure. In Ireland approximately 160 UAEs are carried out per year and this would likely be a higher number only for difficulty in accessing beds for the elective treatment of benign disease. While there are many indications for the use of Uterine Artery Embolisation (UAE) menorrhagia is the most common benign indication for hysterectomy.

The authors referenced a study from the BJOG 1999 [3] and while they failed to elaborate on the findings it is important to point out that this study concluded that hysterectomy was avoided by 76% of women with dysfunctional uterine bleeding who had UAE. Economic evaluation of uterine artery embolisation versus hysterectomy in the treatment of symptomatic uterine fibroids was evaluated in a study in JVIR 2008 [4] and the 24-month cumulative cost of UAE was found to be lower than that of hysterectomy. These authors concluded that from a societal economic perspective, UAE is the superior treatment strategy in women with symptomatic uterine fibroids. In conclusion we agree that there has been a significant decline in the number of hysterectomies carried out in Ireland for benign disease. We feel that this is in part due to the advent and increased utilization of Uterine Artery Embolisation which should be considered as an alternative treatment to hysterectomy particularly in the treatment of mennorrhagia.

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