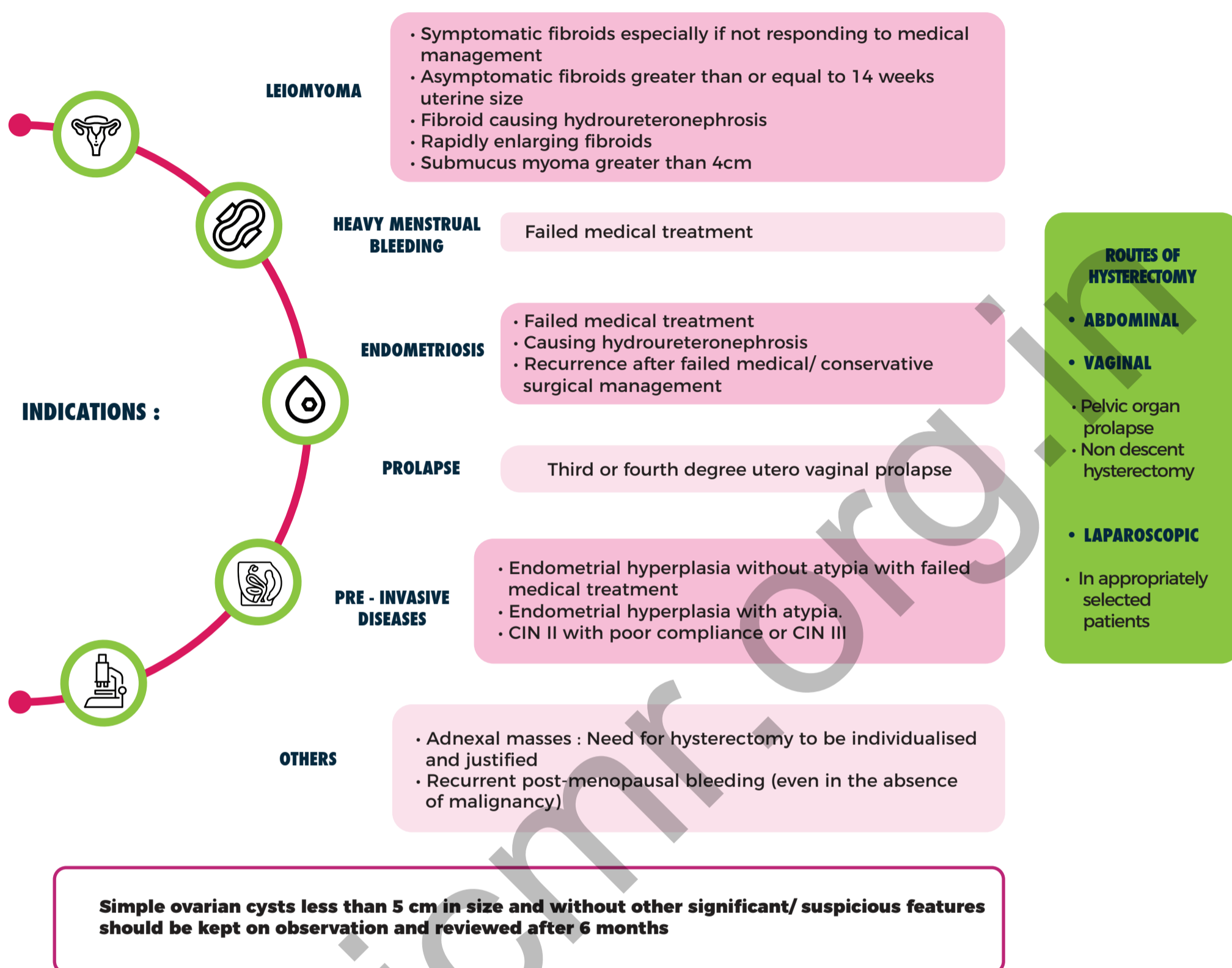




## Standard Treatment Workflow (STW) for HYSTERECTOMY FOR BENIGN GYNAECOLOGICAL CONDITIONS

**IN WOMEN AGED LESS THAN 40 AND/OR LOW PARITY IT IS MANDATORY TO HAVE A SECOND OPINION FROM A QUALIFIED GYNAECOLOGIST**

**HYSTERECTOMY TO BE CONSIDERED ONLY WHEN CHILD BEARING IS COMPLETED & RARELY IN YOUNGER PATIENTS**



### HYSTERECTOMY SHOULD NOT BE DONE FOR

White discharge per vaginum

Cervicitis

Non specific abdominal or pelvic pain

Minor degree of utero vaginal prolapse

Fibroids which are small (less than 5 cm) or Asymptomatic (less than 12 weeks size uterus)

Simple ovarian cyst less than or equal to 5 cm

### COMPONENTS OF PRE OPERATIVE COUNSELLING AND INFORMED CONSENT

- Need for hysterectomy
- Alternative treatment options
- Risks and benefits
- Potential complications of the procedure
- Removal/ conservation of ovaries & tubes
- Route of hysterectomy
- Possible need for post operative Hormone therapy in selected cases

### INVESTIGATIONS

- Complete Blood Count
- Blood grouping & cross matching
- Fasting Blood Sugar & Post Prandial Blood Sugar
- Renal Function Test
- Liver Function Test
- Urine Routine & Microscopy
- Electrocardiogram
- X ray chest
- Others as indicated

### COMPLICATIONS TO BE EXPLAINED

- Risk of Infection
- Bleeding (primary/ reactionary/ secondary)
- Injury to bladder/ bowel/ ureter
- Pain
- Fever
- Hernia (rare and late complication)

### FOLLOW UP

- Discharge summary with operative details
- Review for histopathology report
- Report if there is fever, bleeding or any other symptoms
- Avoid lifting heavy weight for 8 weeks
- Abstinence for eight weeks
- Adequate iron and calcium & Vitamin D3 supplements
- Evaluate need for hormones in very selected patients

- Ovaries should be preserved in most pre-menopausal women unless diseased.
- While doing hysterectomy for benign gynaecological conditions in pre-menopausal women, it is recommended to combine it with bilateral salpingectomy with a view to minimise the risk of subsequent development of ovarian malignancy<sup>1,2</sup>

### REFERENCES

1. Pérez-López FR et al, Interventions to reduce the risk of ovarian and fallopian tube cancer: A European Menopause and Andropause Society Position Statement. Maturitas. 2017
2. Darelius A et al, Efficacy of salpingectomy at hysterectomy to reduce the risk of epithelial ovarian cancer: a systematic review. BJOG. 2017 .

**👉 COUNSELLING IS AN IMPORTANT ADJUNCT TO MANAGEMENT**

**👉 KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**