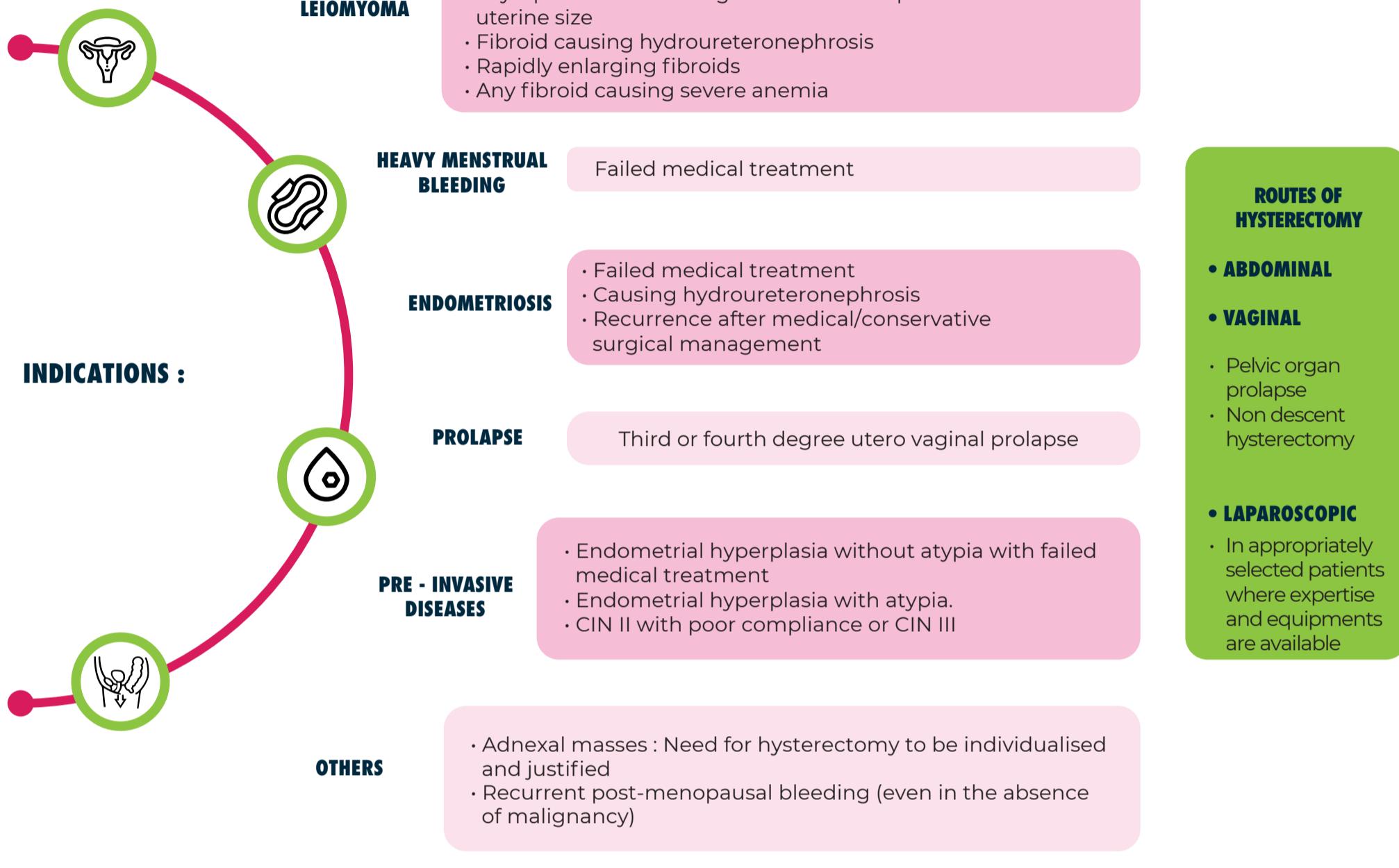




Standard Treatment Workflow (STW) for HYSTERECTOMY FOR BENIGN GYNAECOLOGICAL CONDITIONS

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 AND IT WILL IMPROVE QUALITY OF LIFE OF WOMAN



Simple ovarian cysts less than 5 cm in size and without other significant/ suspicious features should be kept on observation and reviewed after 6 months

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
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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

PREOP INVESTIGATIONS

- Complete Blood Count
- Blood grouping & cross matching
- Fasting & Post Prandial Blood Sugar
- Renal Function Test
- Liver Function Test
- Urine Routine & Microscopy
- Electrocardiogram
- X ray chest
- Pre-anesthetic checkup (PAC)

COMPLICATIONS TO BE EXPLAINED

- Risk of Infection
- Bleeding (primary/reactive/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 hormone therapy in selected patients

- Ovaries should be preserved in most pre-menopausal women unless diseased or removal specifically indicated
- 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

REFERENCES

- 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
- 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

IMPORTANT PROCEDURE IN APPROPRIATELY SELECTED CASES