CORRESPONDENCE

Hysterectomy—A Comparison of Approaches

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Patient Welfare

The review article of interest to gynecologists cannot pass without comment, as the Department of Obstetrics and Gynecology, Erlangen University Hospital, occasionally makes seemingly radical statements on the relationship between quantity and quality. Luckily, these do not remain unchallenged (1).

The 140 "simple" hysterectomies per year are divided among the large number of doctors at a single university hospital. For reasons stated above, we may therefore ask how the above-mentioned relationship arises. It would have been interesting to know how many operations were performed by a single surgeon.

Financial and medical issues relating to operating times, which seem very long (why does a vaginal hysterectomy take so long?) should also be carefully scrutinized.

With an average hospital stay of ten days following abdominal hysterectomy, it is clear where there is still potential for savings, not to mention how good the relationship with Germany's Medical Service for Health Insurers must be to avoid drowning in a flood of inquiries: "tu felix universitas?"

In summary, Prof. Egger may be quoted (2): "...mainly a medical discussion as to whether a total hysterectomy...is necessary," and "...total vaginal hysterectomy...the simplest, fastest operation, and...the operation with fewest side effects."

There is little to add to this. These and his other comments regarding his own experience must not prevent one from asking whether the high number of LASHes (laparoscopically-assisted supracervical hysterectomies), LAVHes (laparoscopically-assisted vaginal hysterectomies), and TLHs (total laparoscopic hysterectomies) are genuinely in the oft-mentioned interests of patients.

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The Marketing Effect

In industrialized countries, the rates of hysterectomies as treatment for benign diseases of the uterus have fallen in the last twenty years due to the use of methods which preserve the uterus (IUDs with progestogen, endometrial ablation, myomectomy, etc.). In contrast, the study by Müller et al. reported an explosion in hysterectomy rates at one institution after laparoscopic methods (laparoscopic hysterectomy [LH] and laparoscopic supracervical hysterectomy [LSH]) were introduced, in 2004 to 2008. This huge increase can only be explained by a marketing effect ("new operation–new patients") and more frequent indication of the procedure. The advantages of LH and LSH stated are low blood loss and short operating time, but these are not clinically significant.

Day-to-day clinical practice, confirmed by numerous studies, shows that vaginal hysterectomy by an experienced surgeon is the method requiring the shortest operating time, lowest consumption of resources, and highest patient satisfaction. However, laparoscopic methods have a powerful ally: the industry, which has an interest in promoting laparoscopic surgery, despite its high consumption of resources. Intensive marketing supported by the industry keeps the profile of laparoscopic hysterectomy methods constantly high by means of surgery courses on the subject for many and varied indications. Unlike LH and LSH, vaginal hysterectomy requires no specific instruments or newly available techniques, and thus offers few chances for marketing. This is very much to the detriment of women who need to have their wombs removed due to benign diseases, because vaginal hysterectomy leaves no scarring and removes the whole cervix, which might otherwise develop abnormalities that require repeat surgery. Vaginal hysterectomy should therefore remain the focus of professional training for gynecology surgeons, as it provides the most benefits for patients.

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