CEDARS-SINAI MEDICAL CENTER® NEWS

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HIGHLIGHTS:
An estimated 600,000 hysterectomies are performed in the United States each year, making them one of the most common surgeries among women. Laparoscopic supracervical hysterectomy is a relatively new, highly complex surgical option in which the uterus is removed using laparoscopy alone. Because the procedure can be done without a large incision, patients typically experience less blood loss, less pain and are able to resume their normal activities more quickly. While the overall benefits of procedure are attractive to many women in general, women whose religious beliefs may discourage or preclude blood transfusions are reassured by the fact that the procedure usually results in much less loss of blood than do traditional open procedures.

MINIMALLY INVASIVE LAPAROSCOPIC HYSTERECTOMY RESULTS IN LESS PAIN AND LESS BLOOD LOSS

LOS ANGELES (June 28, 2005) – About three years before her surgery, 48-year-old Joanne (not her real name) started noticing what she describes as a pulling feeling in her pelvis "like something was falling out." Since she didn't have any pain, and wasn't having any problems with incontinence, she decided to postpone making an appointment with her doctor.

"When I finally went to see my gynecologist, the protrusion was really bad and I'd started having lower back pain and recurring urinary infections. When I learned that my uterus was pushing my bladder out of place, I knew that if I waited any longer things were only going to get worse."

Joanne's gynecologist referred her to Cynthia D. Hall, MD, a uro-gynecologist and director of the Center for Women's Continence and Pelvic Health at Cedars-Sinai Medical Center. In late 2004, Hall collaborated with endourologist Christopher S. Ng, MD, in performing a minimally invasive supracervical laparoscopic hysterectomy to remove Joanne's uterus and ovaries. At the same time, they performed a laparoscopic sacrocolpopexy procedure to repair Joanne's prolapsed vagina, rectum and bladder. Sacrocolpopexy uses mesh to suspend the vagina and upper bladder and is the gold standard surgery for support, according to Hall. The laparoscopic approach duplicates this gold standard, but with the additional benefits of tiny incisions, less pain and faster recovery.

According to the Centers for Disease Control, approximately 600,000 hysterectomies are performed annually in the United States, making this procedure the second most frequently performed surgical procedure, after cesarean section, for women of reproductive age. A hysterectomy may be indicated for a variety of conditions including pelvic prolapse, fibroids, cancer, endometriosis, persistent vaginal bleeding or chronic pelvic pain.

It can be performed in several ways, some more invasive than others: with an abdominal incision (the more traditional approach and the most invasive); with a vaginal incision (with or without the use of a laparoscope); and with a laparoscopic incision alone— the procedure that Joanne chose because it balanced the better suspension success rates, explains Hall, and was less invasive than the abdominal approach. Laparoscopic hysterectomy is the most recent surgical option.

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Laparoscopic supracervical hysterectomy is a highly complex procedure, particularly when performed in combination with laparoscopic sacrocolpopexy. "We're able to do the entire dissection laparoscopically using a laparoscopic instrument called a morcellator which pulls the tissue into the port and cuts it into strips to remove it through the small laparoscopic incisions," explains Hall. "While this approach is not appropriate in the case of a malignancy or an extremely enlarged uterus, it is a wonderful option for benign solid tumors or organs."

The main benefit of laparoscopic supracervical hysterectomy is that patients have less pain and less blood loss than with the abdominal or vaginal approaches. Recovery from abdominal hysterectomy is usually six to eight weeks. Although the recuperation periods are similar (two weeks) for laparoscopic and vaginal hysterectomy, the suspension procedure, when performed vaginally, has lower success rates than when performed laparoscopically. There are no age limitations for laparoscopic supracervical hysterectomy, explains Hall, but women who have had multiple previous pelvic surgeries are not good candidates.

"Joanne was an ideal candidate to have this type of approach with excellent results," Hall explains. "The main indication for this type of surgery for her was that she had prolapse. Unlike the vaginal approach, this procedure allows us to keep the cervix in place which lessens the risk of mesh erosion in the future."

For Joanne, a Jehovah's Witness, the biggest consideration in choosing which type of procedure was finding a way to minimize the amount of blood she might lose during surgery. Jehovah's Witnesses believe that once blood is removed from the body it should be disposed of and not transfused into someone else's body.

"I really appreciated Dr. Hall's willingness to discuss the various options with me," says Joanne. "I was less frightened going into surgery because I felt that I had a say in what was happening to me."

Hall believes a well-informed patient can make her own choices. "I always give my patients information about the success rates of the various surgical approaches and encourage them to participate in the decision."

"Having this surgery," says Joanne, "has been a positive experience for me and I would definitely recommend it to other women as an option to consider. The post-op pain was very manageable and I haven't had any more infections. It was a win-win situation for me."

For more information about surgical options for hysterectomy, contact the Cedars-Sinai's Center for Women's Continence and Pelvic Health at 1-800-233-2771.

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