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What is the Best Way to Perform a Hysterectomy?

Nicholas Pairaudeau*

Assistant Professor in Obstetrics and Gynecology at the university of Toronto, Toronto, Ontario, Canada

***Corresponding Author:** Nicholas Pairaudeau, Assistant Professor in Obstetrics and Gynecology at the university of Toronto, Toronto, Ontario, Canada.

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Today hysterectomy is one of the most widely performed operations on Woman, yet the jury is still out as to the best way to remove the uterus.

Historically, the earliest known hysterectomy recorded in the English literature was apparently by a Charles Clay in Manchester UK in 1843 [1]. There were subsequently other gynecologists who performed hysterectomy and these were recorded in the medical literature of the Day [2]. In 1929 Dr Richardson published a complete full hysterectomy, including cervix as well ovaries [3]. Since then various approaches have been described, including the original subtotal by laparotomy, to the more complete operations, with various techniques [4].

With the pioneering work of Palmer in Paris, [5] with laparoscopy, in the late 1930s this became the modern and increasingly popular route for pelvic and abdominal surgery in the 1960s, after competing against culdoscopy in the USA. This set up Dr Semm [6] in Germany to show that MIS, (minimally invasive surgery), laparoscopy hysterectomy was not only possible, but had many advantages over the more traditional way that was carried out over the world. He taught many gynecologists throughout the world, who later made various changes to the way that he taught.

BY 2000, the Robot began to be incorporated into nonmilitary, non-battlefield surgery, with mostly prostate surgery. By 2005, FDA approval [7], was given for the Da Vinci Robot to be used in gynecological surgery. As time went on, the operations that could be performed with the robot mushroomed.

However, with all MIS, minimally invasive surgery, there were significant startup costs, and then there was the maintenance of the equipment [8]. Disposables contributed greatly to the cost of each operation, but there was no alternative to this system until recently. With the Senhance system [9], interesting variations in the technology needed for successful safe robotic surgery were and are still being developed.

However, with all medical treatments there is a cost. NO wealth no health is well known to persons in the third world. Gradually, modern gynecology surgery began to deviate with the original core approach to hysterectomy, laparotomy, to being replaced by more modern techniques. Most conferences tend to focus on the latest, innovative, but also more expensive technology to remove the uterus. There is little enthusiasm for looking backwards, when gleaming new equipment that with experienced operators and assistants, can make these operations very impressive, with results that suggest that recovery is quicker and easier.

The indications for hysterectomy include large mass in the pelvis, uterine bleeding, prolapse, cancer of the cervix, uterus and ovaries, endometriosis and adenomyosis, to name the most common reasons for considering operation [10]. Despite new medications, and the decreasing number of hysterectomies in the wealthy countries, the total numbers are still increasing due to population growth and the increasing longevity of woman.

There are numerous publications to extoll the virtues of this operation versus another operation, but very few actually cost out every aspect of an operative procedure, from entering the hospital to leaving a few hours or days later [11]. I struggle to make sense of what really works, and how much is the cost? And have we been blinded by modern techniques, when some of the old ones work quite well, particularly in third world countries. There has been a tendency to equate the size of the incision, with the pain, but modern analgesic techniques have revolutionized how much pain patients really have. Though it seems better to have less pain, and in a society where it is necessary to get back to work, in an environment that hysterectomy patients still get 6 to 8 weeks of convalescence, are these extra costs for the modern operation really justified. Despite the rather condescending attitude from Robot surgeons, the traditional laparotomy with spinal anesthesia, nerve blocks, PCA, and appropriate medications, patients really do get better faster than they used to, and enter the work place quicker than expected.

My future beliefs are that we really must engage in open non-biased research that takes into account all aspects of surgery, not just basics as Laparotomy, MIS, Vaginal, and Robot, but also collect data at the level of the competency, technique, and experience of the operators. How often have I seen papers that actually screen out who operates, how much experience and their tract record? [12] Most papers come out of academic centres [13], where there are some real stars on operating well, but there are many that would not last five minutes in a busy suburban hospital, without good assistants. There are some papers that reflect that the busy centres with highly skilled surgeons seem to have lower complications. And centres that embark upon regular reviews of performance are all too few. Only when we get some sort of level playing field, with studies that are not biased, superficial and lacking very basic data, are we able to really answer the question, what is the best way for a hysterectomy.

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