

# Total Laparoscopic Hysterectomy: A Day Case Procedure?

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## Background

Total laparoscopic hysterectomy (TLH) is known for its positive intra-operative and post-operative results, ensuring both safety and effectiveness. Performing TLH as a day-case procedure could enhance cost-efficiency, with research indicating that it can achieve high patient satisfaction and comparable post-operative complication rates.

We have been conducting this audit yearly since 2011, averaging around 70 cases per year, and each year the results show promising data that support our aim of making TLH a Day Case Procedure.

## Aim

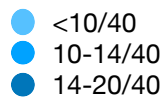
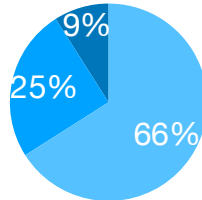
The objective of this audit is to show that Total Laparoscopic Hysterectomy (TLH) for both benign and malignant gynaecological conditions at a district general hospital remains a safe and feasible option for day-case procedures. This audit also aims to highlight that TLH is associated with low complication rates and can be performed as a day-case procedure for patients who meet the eligibility criteria established by the British Society for Gynaecological Endoscopy (BSGE).

## Method

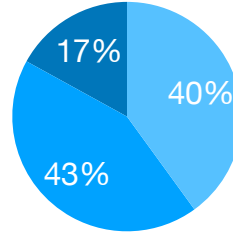
Data was collected retrospectively from 71 patients who had a TLH between June 2022-December 2023 in Glangwilli General Hospital using the standardised BSGE database. This included patient demographics, indication for surgery, procedure details, complications, estimated blood loss (EBL), and duration of stay. A standardised database of the British Society of Gynaecology Endoscopy (BSGE) was used to extract data on: patient demographics, indication for surgery, procedure details and complications, duration of surgery and hospital stay.

Patient Factor	Results
Indications	Atypical hyperplasia (25%), FIGO1 endometrial cancer (15%), simple endometrial hyperplasia (13%), failed medical treatment for heavy menstrual bleeding (13%)
Age Distribution	>60 years (42%), 51-60 years (32%), 41-50 years (20%), 31-40 years (6%)
BMI Distribution	BMI >30 (43%), BMI >40 (17%)
Procedure Duration	61-90 minutes (82%), <60 minutes (14%)
Discharge Timing	Discharged after surgery (59%), after 24-48 hours (26%), after 48-72 hours (9%), after >72 hours (7%)
Extended Stay Reasons	Conversion to mini-laparotomy, post-op chest infection, post-op bowel perforation, pain management

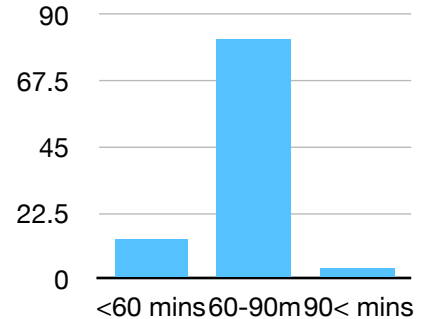
## Size of Uterus



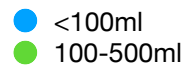
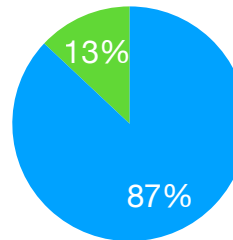
## BMI



## Operation Time

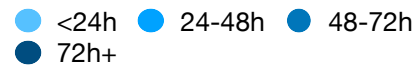
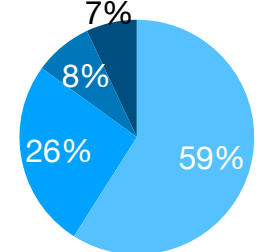


## Estimated Blood Loss



None of the patients from our cohort required Blood Transfusions.

## Time To Discharge



The majority of patients were discharged within 24 hours. Reasons for longer stay included post-op chest

## Conclusion

Total Laparoscopic Hysterectomy (TLH) is associated with positive intra-operative and post-operative outcomes, reinforcing the viability of performing TLH as a day-case procedure. Implementing a '1-day stay' policy for TLH can offset the higher initial costs with the benefits of shorter hospital stays. Our findings indicate that the majority of patients are suitable for day-case surgery, aligning with NICE guidelines.

According to the 'NICE' guidelines the intraoperative complications are as follows: bowel injury 2%, vascular injury 4%, bladder injury 1% and ureter injury less than 1% among patients treated by laparoscopic hysterectomy. Our complications data from the past year's cohort was in keeping with this, as it included 1 bladder injury, 1 conversion to a mini laparotomy to deliver a 16 week uterus, and 1 patient had post op bowel injury which was secondary to diverticulitis.

One aim we have for the next year is to convert TLH procedures to take place in the morning, which would aid our aim of "Same Day Discharge."