



Irrelevance of Traditional De-Selectors for Minimally Invasive Hysterectomy

Greg J. Marchand, MD, and Richard H. Demir, MD

Background and Objectives

To assess the relevance of traditional de-selectors for Minimally Invasive Hysterectomy (MIH), increasing specimen weight, number of prior C-Sections and BMI, in 1125 consecutive cases performed for benign indications.

Methods and Procedures

Retrospective Chart Review of Eleven hundred twenty-five patients having hysterectomy for benign indications in a community hospital and private Gynecologic Surgery practice. All patients requiring hysterectomy for benign indications were scheduled for MIH (e.g., vaginal, total laparoscopic or laparoscopic supra-cervical hysterectomy) and outcomes were analyzed.

Results

No statistically significant correlation was demonstrated between increasing specimen weight, number of prior Cesarean Sections or BMI and failure to complete Minimally Invasive Hysterectomy.

Conclusions

In expert hands traditional de-selectors for Minimally Invasive Hysterectomy, increasing specimen weight, number of C-Sections or BMI, are not statistically related to a higher incidence of failure. Minimally Invasive Hysterectomy should be offered to virtually all women requiring hysterectomy for benign indications.

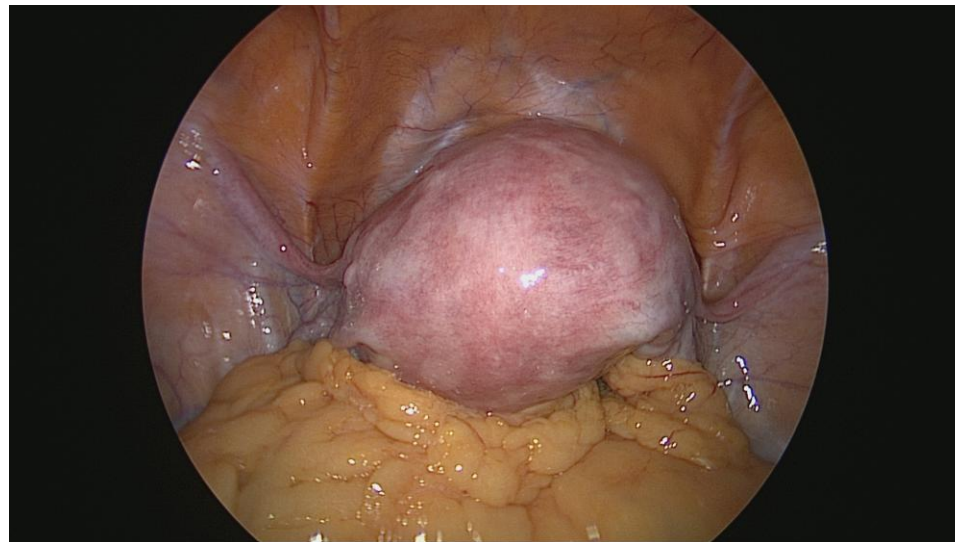


Objectives

Objective: To assess the relevance of traditional de-selectors for Minimally Invasive Hysterectomy (MIH), increasing specimen weight, number of prior C-Sections and BMI, in 1125 consecutive cases performed for benign indications.

Methods and Procedures

Methods and Procedure: Retrospective Chart Review of eleven hundred twenty-five patients having hysterectomy for benign indications in a community hospital and private Gynecologic Surgery practice. All patients requiring hysterectomy for benign indications were scheduled for MIH (e.g., vaginal, total laparoscopic or laparoscopic supra-cervical hysterectomy) and outcomes were analyzed.





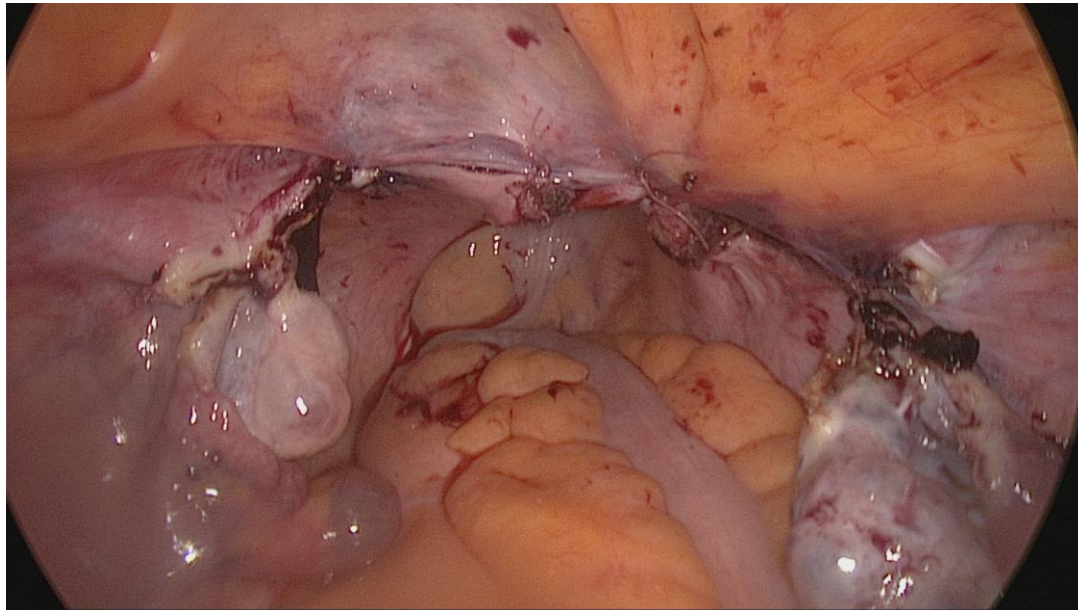
Results

Specimen	Total	Laparoscopic	Total	Grand
Weight (grams)—	Vaginal	Supracervical	Laparoscopic	Total
0 - 227	0 / 86	0 / 342	0 / 121	0 / 549
228 - 454	0 / 38	1 / 85	1 / 77	2 / 200
455 - 681	0 / 10	1 / 47	1 / 141	1 / 198
682 - 908	0 / 3	0 / 19	0 / 81	0 / 103
> 908	0 / 3	0 / 11	1 / 61	1 / 75
Prior C-Sections—				
0	0 / 102	1 / 345	1 / 289	2 / 736
1	0 / 24	0 / 110	2 / 86	2 / 220
2	0 / 6	1 / 22	0 / 65	1 / 93
3	0 / 5	0 / 15	0 / 11	0 / 31
≥4	0 / 3	0 / 12	0 / 30	0 / 45
Patient Wt (BMI)—				
< 18.5	0 / 6	0 / 18	0 / 10	0 / 34
18.5 – 24.9	0 / 44	1 / 160	1 / 93	2 / 297
25.0 – 29.9	0 / 78	0 / 159	1 / 211	1 / 448
30.0 – 34.9	0 / 8	0 / 130	1 / 80	1 / 218
> 35.0	0 / 4	1 / 37	0 / 87	1 / 128
Grand Total	0 / 140	2 / 504	3 / 481	5 / 1125



Conclusions

Conclusions: In expert hands traditional de-selectors for Minimally Invasive Hysterectomy, increasing specimen weight, number of C-Sections or BMI, are not related to a statistically higher incidence of failure. Minimally Invasive Hysterectomy should be offered to virtually all women requiring hysterectomy for benign indications.





Disclosure

The following For Profit relationships in the past twelve months, by presenter or spouse/partner are related to this presentation.

None

Status of FDA devices used for the material being presented:
NA/Non-Clinical

Status of off-label use of devices, drugs or other materials that constitute the subject of this presentation:
NA/Non-Clinical