Laparoscopic Assisted Vaginal Hysterectomy versus Vaginal Hysterectomy

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Introduction
Hysterectomy is the commonest gynecologic operation, performed for malignant and benign conditions. There are many approaches to hysterectomy for benign disease. Studies comparing the techniques have showed that vaginal hysterectomy has benefits in terms of reduced hospital stay, faster recovery and less operating time.

Objective
The purpose of this study is to compare the surgical and immediate post-operative outcomes of Laparoscopic Assisted Vaginal Hysterectomy (LAVH) with those of Vaginal Hysterectomy (VH).

Methods
Retrospective descriptive study, comparing two groups of women who underwent LAVH or VH in our department during a 24 months period, from January 2009 to December 2010.

The two groups were compared regarding age, vaginal deliveries, previous abdominal surgery, uterine and adnexal pathology, intra-operative and post-operative complications, uterus weight, blood loss and number of days until discharge.

Results
In our study 42 LAVH and 99 VH were included, with a patient mean age of 47 and 59, respectively.

The most frequent indication for hysterectomy was fibroids (80%) for LAVH and POP (58.6%) for VH.

In LAVH group 47.6% of patients had previous abdominal surgery, vs 28.2% in VH group.

The medium operative time was 167 minutes for LAVH vs 99 minutes for VH.

The intra-operative complications were one case (2%) of accidental incision of rectum in LAVH, and one bladder incision in the VH (1%).

There were 3 conversions to laparotomy for difficult technique (7%) in VH group.

There were no significant post-operative complications for LAVH. In VH group there were 2 cases of haemoperitoneum (2%) and 1 case requiring blood transfusion (1%).

The mean time for discharge was 4.23 days for LAVH and 4.46 days for VH.

Conclusions
In our study, the main advantage for VH was the reduced operative time. In terms of days until discharge there was no difference between the 2 groups. The main intra-operative complication of LAVH was the risk of conversion to laparotomy, but post-operatively this procedure had fewer complications than VH. In conclusion, LAVH is a safe option for women requiring hysterectomy in cases where VH is anticipated to be technically difficult.