

Udgået fra: De gynækologiske afdelinger, Hvidovre Hospital og Roskilde Amtssygehus samt Copenhagen Trial Unit  
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## **Total versus subtotal hysterectomy for benign uterine diseases?**

**Helga Gimbel**

The dissertation is a review of my work on the hysterectomy rate in Denmark since 1988, a survey about the preferred method of treatment for benign diseases of the uterus among Danish gynaecologists as well as a randomised trial and an observational study regarding total versus subtotal hysterectomy among 319 and 185 women, respectively, operated for benign uterine diseases in 11 departments of gynaecology in Denmark. The dissertation is made as a meta-analysis to get a view of the research performed in this area.

Compared to other Western countries the hysterectomy rate in Denmark is low. The incidence rate of hysterectomy was constant through the years 1988 – 1998. However, the incidence rate of total abdominal hysterectomy decreased while the incidence rate of subtotal abdominal hysterectomy increased.

A survey among Danish gynaecologists confirmed that the preferred hysterectomy method was the subtotal abdominal hysterectomy. Further, the gynaecologists agreed regarding recommendation of hysterectomy for patients who were suffering from post-menopausal bleeding while disagreement was found regarding treatment of asymptomatic fibroids and unexplained pelvic pain. Like in other countries certain characteristics of the gynaecologists were found to be significant for the recommendation of treating benign diseases of the uterus with hysterectomy or not as well as for the choice of hysterectomy method.

In our randomized trial more urinary incontinent women were found after subtotal than after total hysterectomy. This finding was confirmed in the meta-analysis. In this analysis more women with prolapse were also found after subtotal than after total hysterectomy. The finding in our randomized trial of longer operation time and larger per-operative bleeding was confirmed in the meta-analysis too. However, the metaanalysis also found that more complications were associated with the total hysterectomy – a finding which we did not see in our randomised trial. Between 5 and 22% of the women having a subtotal hysterectomy suffered from vaginal bleeding after the hysterectomy.

The mechanism behind the results of more women having urinary incontinence and more prolapse after subtotal than after total hysterectomy is not fully understood. However, it is suggested that it could be due to increased bladder neck mobility following lack of suspension of the cervical stump. To elucidate the causal relationship a randomized clinical trial of bladder neck mobility after the two operation methods as well as a randomized clinical trial comparing suspension versus no suspension of the vaginal top/cervical stump is needed.

A continuous survey of the incidence of hysterectomy and hysterectomy methods is recommended. Recent developments in the incidence rates of the hysterectomy methods suggest that the vaginal hysterectomy has become popular at the expense of the abdominal hysterectomy without any long term results from randomised clinical trials comparing the two methods. Such trials are needed to see if evidence can support this change in practice.

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