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Comparison of different surgical techniques of hysterectomy and their impact on patients' life quality**Mohamed Abudabbous and Neff Albert**

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Objective: The aim of this study was to compare the clinical effectiveness and quicker recovery between minimally invasive surgery and traditional open techniques of hysterectomy (AH=Abdominal Hysterectomy, VH=Vaginal Hysterectomy, TLH=Total Laparoscopic Hysterectomy, LAVH=Laparoscopic-Assisted Vaginal Hysterectomy and LASH=Laparoscopic Supracervical Hysterectomy).

Method: Between January 2015 and August 2018, 421 patients underwent to hysterectomy due to benign and malign diseases. The data were retrospectively collected from patients' records and analyzed anonymously. The evaluated data included hospital stay, operating time and complication rate.

Result: Compared to all other methods the hospital stay after the AH (6, 9 days) was significantly longer. The duration of hospital stay after the LASH (3, 0 days) and the TLH (3, 1 day) were significantly shorter than those of the VH (4, 0 days). The operating time of the VH (96 min), the TLH (118 min) and the LASH (124 min) were notably shorter compared to the AH (144 min) and the LAVH (142 min). The hemoglobin decrease at the TLH was significantly lower compared to the LASH (1.49 g/dl) and VH (1.60 g/dl). However, the AH demonstrates a higher hemoglobin decrease than other techniques (1.90 g/dl). The complication rate constituted 5.3% at the AH 1.3% intraoperative, 4% postoperative and 4.2% at the VH 0.5% intraoperative, 3.7% postoperative. The LH presented a complication rate of 2.8% (LAVH 3.9%, TLH 2.6% and LASH 0.9%).

Conclusion: The VH and the LH are superior to the AH in case of benign and low stage malignant diseases. Concerning small uteri, multipara or in combination with vaginal interventions, the VH was feasible. The LH, in particular the TLH and the LASH, are best alternatives to the AH in whom a VH was not possible. The LAVH is reserved to special situations. The comparison of LASH and TLH shows that the LASH has a lower complication rate.

Biography

Mohamed Abudabbous is a Senior Consultant and Co-Director in the Department of Obstetrics and Gynecology in University Hospital of Mühlenkreiskliniken, Lubeck. He received his Board degree from the University Hospital of Cologne, Germany and completed Postdoctoral Fellowship in Urogynecology and Reconstruction Surgery in 2015. He is interested in fetomaternal medicine. He started his Fetomaternal Medicine Subspeciality training in MKK (Mühlenkreiskliniken) by Dr. Albert Neff in 2017.

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