

Results of Extension of Classic Indications of Vaginal Hysterectomy for Benign Uterine Conditions

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Abstract

Objective: to compare the results of two surgical approaches: one is to apply vaginal hysterectomy (VH) for non-prolapsed uterus respecting classic indications and contraindications and the other is to extend the indications of VH and decrease the contraindications by performing VH for large uterus, in nulliparous and in women with history of C section.

Study Design: 816 women with benign uterine pathology were included in this prospective study. In 465 were applied classic indications of VH and in 351 VH was applied as first choice, trying to overcome classic contraindications of VH.

Results: By extending classic indications of VH important benefits were obtained such as decreasing the operation time and shorter hospital stay. No differences were registered between the two arms of the study regarding intra and post-operative bleeding or major complications.

Conclusions: extending classic indications of VH has important benefits without an increase in major complications occurrence.

Abbreviations: AECS - abdominal excision of the cervical stump; AH - abdominal hysterectomy; LAVH - laparoscopically assisted vaginal hysterectomy; STAH- subtotal abdominal hysterectomy; TLH – total laparoscopic hysterectomy; VECS - vaginal excision of the cervical stump; VH – vaginal hysterectomy

Key words: vaginal hysterectomy, abdominal hysterectomy, minimally invasive hysterectomy

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