

Keyhole hysterectomy

NICE 'interventional procedures guidance' advises the NHS on when and how new surgical procedures can be used in clinical practice.

This leaflet is about when and how keyhole hysterectomy can be used in the NHS. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The word 'procedure' means any surgery, test or treatment that involves entering the body through skin, muscle, a vein or artery, or body cavity. The guidance does not cover whether or not the NHS should fund a procedure.

Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because there is not a lot of information about how well this procedure works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe a keyhole hysterectomy or the reasons for it in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on page 6.



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What has NICE said?

Keyhole hysterectomy can be offered routinely for women who need a hysterectomy, provided that doctors are sure that:

- the woman understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

Doctors should make sure that the woman understands that a keyhole hysterectomy is more likely to cause damage to the urinary tract or severe bleeding than open surgery.

NICE has also said that special skills in keyhole surgery are required, and that doctors should undergo a programme of special training and support before they can start to perform keyhole hysterectomies.

This procedure may not be the only hysterectomy procedure.

Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Keyhole hysterectomy

The procedure is not described in detail here – please talk to your specialist for a full description.

Hysterectomy is the surgical removal of the uterus (womb). This may be offered to women with various conditions including chronic pelvic pain, prolapse of the uterus, heavy periods, fibroids, or cancer of the uterus or the ovaries.

Conventional (open) hysterectomy is performed through an incision in the abdomen or the vagina, under a general anaesthetic.

In a keyhole hysterectomy, special surgical instruments are inserted through small incisions made in the abdomen, and the operation is carried out with the aid of an internal telescope and camera system. Part of the operation may also be performed vaginally.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks keyhole hysterectomy is a suitable treatment option for you, they should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at one review of 25 studies and 7 further studies on this procedure.

How well does the procedure work?

Several studies compared keyhole hysterectomy with open surgery.

A large review of nine studies involved a total of 948 women. It showed that the average hospital stay was 2 days less after keyhole hysterectomy.

Six studies (involving 520 women) showed that women returned to normal daily activities on average 2 weeks quicker after keyhole hysterectomy.

The studies also looked at how many procedures began as a keyhole procedure but had to be converted to open surgery. Out of a total of 4581 keyhole procedures, 142 (approximately 1 in 30) had to be converted to open surgery.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that there is still some debate about how well established this procedure is.

Risks and possible problems

Two studies looked at how many women died after a keyhole hysterectomy. Out of a total of 3588 women who had a keyhole hysterectomy, 1 died afterwards. None died as a result of the procedure.

A study of 37,048 women showed that the risk of having a major bleed was approximately twice as high with keyhole hysterectomy. Two further studies showed that a small proportion of women (less than 1%) lost so much blood that they needed a blood transfusion.

A large study of 10,110 women showed that the risk of damage to the urinary tract during the operation was higher with keyhole hysterectomy when compared with open surgery. Damage to the ureter (there are two ureters; they carry urine from the kidneys to the bladder) happened in 1.1% of women having keyhole surgery and in only 0.2% of women having open surgery. Damage to the bladder happened in 1.3% of women having keyhole surgery and in 0.5% of women having open surgery.

Another study of 5104 women looked at the results of keyhole surgery. It showed that damage to the ureter happened in 66 women, the bladder was injured in 22 women, the bowel was damaged in 15 women and there was major damage to the blood vessels in 1 woman. Twelve women had a complication called a fistula, in which an abnormal passageway between the bladder and vagina forms, resulting in urine leaking into the vagina.

A hysterectomy also carries risks of damage to the bowel and damage to blood vessels during the procedure, but the studies did not find any significant difference in risk between keyhole surgery and open surgery.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that special training was important to make the procedure as safe as possible. They said that possible problems are damage to the ureter and bowel, damage to blood vessels, bleeding and the need for a blood transfusion.

More information about hysterectomy

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'Laparoscopic techniques for hysterectomy'.

This leaflet and the full guidance aimed at healthcare professionals are also available at www.nice.org.uk/IPG239

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1413).

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