

NATIONAL CLINICAL GUIDELINE ON HYSTERECTOMY (SURGICAL REMOVAL OF THE UTERUS) FOR BENIGN GYNEACOLOGICAL CONDITIONS

Quick guide

Surgical methods	
↓	Subtotal hysterectomy should only be preferred over total hysterectomy after careful consideration because there are documented disadvantages such as persistent cyclical vaginal bleeding. (⊕○○○)
↑	Consider vaginal hysterectomy rather than conventional laparoscopic hysterectomy for non-prolapsed uteri. (⊕○○○)
↓	Robot-assisted laparoscopic hysterectomy should only be preferred over conventional laparoscopic hysterectomy after careful consideration because the beneficial effect is uncertain and because of the longer operating time. (⊕⊕○○)
√	It is good practice not to morcellate uteri with presumed fibroids inside the peritoneal cavity.
Concomitant surgical procedures	
↑	Consider concomitant bilateral salpingectomy at the time of hysterectomy if the procedure is not considered to increase the risk of complications significantly. (⊕○○○)
↑	Consider vaginal vault suspension to the cardinal and the uterosacral ligaments when performing hysterectomy for non-prolapsed uteri. (⊕○○○)
Intraoperative methods	
√	Ultrasound energy based shears and electrocoagulation (diathermy) are cutting device technologies that can be used for dividing the uterus from the vaginal vault during total laparoscopic hysterectomy. There is no evidence indicating that one technology is superior to the other for this purpose.
√	Transvaginal and laparoscopic suturing are methods that can be used for closing the vaginal vault during total laparoscopic hysterectomy. There is no evidence indicating that one suturing method is superior to the other.
↑	Barbed or non-barbed suture can be used when suturing the vaginal vault during hysterectomy. There are no clinically relevant differences when comparing the usage of the two suture types. (⊕○○○)

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline on hysterectomy (surgical removal of the uterus) for benign gynaecological conditions. The Danish Health Authority (DHA) conducted the guideline.

The guideline focuses on the surgical removal of the uterus when treating women with benign gynaecological conditions.

The guideline contains recommendations for selected areas in the field of benign hysterectomy. The guideline is a supplement to existing gynaecological guidelines, health technology assessments, and process descriptions etc.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for

↓↓ = a strong recommendation against

↑ = a weak/conditional recommendation for

↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. The symbol precedes recommendations where supporting evidence is lacking but the guideline panel wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols that indicate the quality of evidence behind the recommendations – from high to very low:

(⊕⊕⊕⊕) = high

(⊕⊕⊕○) = moderate

(⊕⊕○○) = low

(⊕○○○) = very low

In cases where evidence to support the recommendation is lacking, it is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
