

**Outcome of 783 Consecutive Hysterectomies for Benign Indication—
Likelihood of Completing a Minimally Invasive Hysterectomy
Based On Number of Prior Cesarean Sections**

Demir RH, Marchand GJ. Section of Gynecology. Arizona Regional Medical Center, Mesa, Arizona

Introduction: Compared with General Surgeons, Gynecological Surgeons have been slow to adopt Minimally Invasive Surgery into their practices. Data from 2005 suggests only 33% of hysterectomies were performed using Minimally Invasive techniques (vaginal, laparoscopic or robotic assisted laparoscopic) compared with 90% of cholecystectomies and 82% of bariatric procedures. Common de-selectors for Minimally Invasive Hysterectomy (MIH) include increasing uterine size, number of prior Cesarean Sections and patient’s Body Mass Index (BMI).

This study assessed the likelihood of completing MIH related to increasing number of prior Cesarean Sections.

Methods: Retrospective Chart Review was used covering seven hundred eighty-three patients having hysterectomy for benign indications. All surgeries were performed in a Community Hospital setting and arose from a private Gynecologic Surgery practice. All patients requiring hysterectomy for benign indications were scheduled for MIH procedures including Total Vaginal, Laparoscopic Supracervical and Total Laparoscopic Hysterectomy and outcomes were analyzed.

Measurements and Main Results: Of 783 consecutive hysterectomies for benign indications scheduled for MIH, 778 (99.36%) were successfully completed. No statistical association was found between increasing BMI and MIH failure with any listed hysterectomy type or overall.

	Total Vaginal	Laparoscopic Supracervical	Total Laparoscopic	Grand Total
Prior C-Sections—				
0	0 / 102	1 / 342	1 / 145	2 / 589
1	0 / 20	0 / 90	2 / 7	2 / 117
2	0 / 4	1 / 18	0 / 15	1 / 37
3	0 / 2	0 / 9	0 / 5	0 / 16
≥4	0 / 1	0 / 6	0 / 17	0 / 24
Grand Total	0 / 129	2 / 465	3 / 189	5 / 783

Conclusions: In expert hands there is a high likelihood of successfully completing Minimally Invasive Hysterectomy and commonly held MIH de-selectors, in this case increasing number of Prior Cesarean Sections, irregularly contribute to failure. We believe virtually all patients requiring hysterectomy for benign indications are candidates for MIH.