Vaginal Hysterectomy

Learning Objectives

1. The learner should be able to list the benefits of a vaginal hysterectomy.
2. The learner should be able to list indication and prerequisites for a vaginal hysterectomy
   - Indications
     - Benign uterine pathology
       - Uterine leiomyoma
       - Benign abnormal uterine bleeding
       - Adenomyosis
       - Pelvic organ prolapse (with cuff support procedure)
     - Precancerous or early stage cancer of cervix or endometrium with pre-operative gynecologic oncology consultation
       - CIN III, in situ or Stage Ia1 Cervical Ca
       - Endometrial hyperplasia
       - Stage I, Grade I endometrial cancer
   - Prerequisites:
     - No evidence of malignancy
     - Tuboovarian abscess
     - Size less than 12wk size, or if greater, then consider size reduction with GYNRH agonist when possible
   - Advanced skills are needed for uterus larger than 12 weeks, prior pelvic surgery, nulliparity, extra-uterine disease such as endometriosis, history of PID, obliterated cul-de-sac
3. The learner should be able to document exam under anesthesia:
   - Confirm no additional pathology
   - Document degree of descensus with tenaculum on cervix
   - Pelvic floor support
4. The learner should be able to identify anatomic landmarks:
   - Likely location of bladder border
   - Location of safe entry in the posterior fornix between the uterosacral ligaments
   - Uterosacral and cardinal ligaments, ascending branches of uterine vessels
   - Location of ureter near cervix
5. Basic knowledge:
   - Ureteral injury least likely with vaginal hysterectomy compared to other hysterectomy approaches
   - Cystotomy incidence: 1.2%
   - Cuff dehiscence least likely with vaginal hysterectomy compared to other hysterectomy approaches
   - Location of cystotomy: usually well above trigone, not near ureteral orifices
   - Uterosacral as primary suspension in vaginal vault
   - Most common site for bleeding: between utero-ovarian and uterine artery pedicles, second common is posterior vaginal cuff edge

Description of Lab
This module presents a clinical simulation for training residents to perform a vaginal hysterectomy. Residents should be able to verbalize indications and identify anatomic landmarks, potential complications, and postoperative care.

Associated Reading
2. ACOG Committee Opinion Number 444 November 2009: Choosing the Route of Hysterectomy for Benign Disease. (reaffirmed 2011)