Total Abdominal Hysterectomy Objectives

Learning Objectives

1. The learner should be able to list indications for hysterectomy:
   - Abnormal bleeding
   - Leiomyoma/Adenomyosis/Endometriosis
   - Pelvic organ prolapse
   - Pelvic Inflammatory Disease
   - Chronic pelvic pain
   - Malignant disease

2. The learner should be able to list relative indications for and risk associated with abdominal hysterectomy:
   - Large leiomyoma, abnormal position of leiomyoma
   - Uterus >12 week size
   - Pelvic Inflammatory Disease, extensive adhesions/endometriosis
   - Cancer, extensive metastases
   - Increased operative time
   - Increased complications: fever, blood transfusion
   - Longer hospital stay

3. The learner should be able to demonstrate the basic steps in performing abdominal hysterectomy:
   - Confirm size of uterus and mobility, absence of nodularity, location of myoma
   - Document degree of descensus with tenaculum on cervix
   - Abnormalities such as cystocele and rectocele

4. The learner should be able to identify important anatomic landmarks:
   - The common iliac artery bifurcation = area where ureter crosses
   - The uterine artery is found adjacent to the uterus at the level of cervical os

5. The learner should demonstrate basic knowledge about abdominal hysterectomy:
   - Incidence of abdominal hysterectomy = 66%
   - Incidence of vaginal hysterectomy = 26%
   - Incidence of laparoscopic hysterectomy = 12%
   - Subtotal hysterectomy: reserved for rare concern over large blood loss, or anatomic distortion limiting dissection
   - Common site of ureter injury: at infundibulopelvic (IP) ligament, area of uterine artery ligation, bladder base

Description of Lab

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

Additional Readings

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