

# Guideline for Hospital Admission

## Ministry of Public Health - Lebanon

### Hysterectomy indications

#### *Purpose:*

The aim of this guideline is to prevent unnecessary hysterectomies.

The listed criteria are not exclusive, and in certain cases exceptions are permitted when justified, but then a detailed report for the reasons should be required, so the criteria can be updated.

This is a procedure related protocol that doesn't deal with the various treatment options; that is, it is not discuss laparoscopic versus open surgery or vaginal versus abdominal approaches.

For suspicious or malignant lesions of the uterus, there are no questions as to the indications of hysterectomy; for benign lesions however, guidelines for the surgical indications are required.

#### *Benign lesions:*

*The most common symptoms are heavy vaginal bleed and pelvic pain. Before surgery one has to make sure that adequate appropriate medical treatment is done.*

**Heavy bleeding:** an underlying pathology (endometriosis) should be excluded. Hysterectomy may be indicated in women >40 years when medical therapy has failed. In younger women, more aggressive medical treatment may be required unless abnormal suspicious lesions are suspected.

Medical treatment may include: *Combined oral contraceptive pill, • Progestins, • Danazol, Antifibrinolytic agents, • Non-steroidal anti-inflammatory drugs, Progestin Intrauterine System, GnRH Agonists*

**Uterine leiomyomas:** Most common benign uterine tumours. Size by itself is not an indication for hysterectomy, whereas rapidly growing fibromas are suspicious for underlying malignancy.

**Endometriosis:** the decision of hysterectomy depends on the severity of symptoms, the extent of endometriosis and the fertility status and desire for future pregnancy. Other options include ablations of lesions and medical treatment.

Pelvic relaxation: hysterectomy is indicated for severe uterine prolapsed but not for an isolated cystocele.

**Adnexal masses:** when bilateral oophorectomy is indicated for benign ovarian pathology, hysterectomy may be an option to be discussed.

For malignant and suspicious lesions, hysterectomy is indicated except for Cervical Intraepithelial Neoplasia (CIN) when it is not indicated.

**References:**

*Society of Obstetricians and Gynaecologists of Canada. SOGC CLINICAL PRACTICE GUIDELINES No. 109, January 2002.*

National Institute for Health and Clinical Excellence Heavy menstrual bleeding issued January 2007.

**Checklist:**

<b>Admission for surgery</b>		
	Yes	No
Age >40		
Symptoms:		
Heavy menstruation		
Pain		
<i>Ultrasonography findings</i>		
Leiomyomas > 3 cm		
Endometriosis		
Uterus size > 12 weeks pregnancy size		
Medical treatment		
OCP		
Other		
Duration > 3 months		

The above described checklist helps in future analysis of admitted patient for hysterectomy, correlated with pathology reports.

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