How to Perform a Simple Vaginal Hysterectomy in a Difficult Patient

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Hysterectomy

- 600,000 hysterectomies are done per year in the USA (2nd most commonly done surgery)

- In the US, 66% of cases are done by the abdominal route and only 22% are done vaginally

- In some European countries, most are still performed by laparotomy
Because of its well-documented advantages and relatively lower complication rates, *vaginal hysterectomy* should be the approach of choice when feasible.
Optimize Outcomes During Vaginal Surgery

- Medical and anesthesia optimization
- Antibiotic prophylaxis
- Anti-embolic prophylaxis
- Good positioning: legs in high stirrups, buttocks at end of table
- Two good assistants if possible
- Good lighting
Traction and Countertraction help to increase the distance between the clamps and the ureter, thus minimizing the risk of ureteral injury during vaginal hysterectomy.
Oophorectomy should not be a contraindication for TVH; proper technique will allow you to remove ovaries vaginally most of the time.

Figure 1. With the adnexal pedicle pulled downward and the round ligament pulled laterally, the mesosalpinx is doubly clamped, cut, and ligated.
Techniques to Accomplish a Difficult Vaginal Hysterectomy

- Narrow vagina -- episiotomy
- Adhesive disease, endometriosis, or previous abdominal suspension -- careful and anatomic dissection
- Uterine enlargement -- morcellation
- Cervical elongation -- patience
- Ovarian removal -- proper technique
Morcellation Techniques

- Bivalve uterus
- Coring technique
- Wedge resection
- Myomectomy
Videos

- Anterior Cul de Sac Entry
- Posterior Cul de Sac Entry
- Morcellation techniques
- Innovative techniques for the Adnexa
Tricky Scenarios

- Narrow Pelvis, narrow vagina
- Nulliparous
- Obese
  - Buttock Dystocia
- Lack of Uterine Descent, narrow vagina
  - Schuchardt Incisions or episiotomy
- Multiple previous pelvic surgeries
  - Ventral Suspension
- Cul de sac entry difficult
Hysterectomy

Vaginal, Abdominal, Laparoscopic, or Robotic?
The surgeon should always choose a procedure that fits the patient and her specific complaints and anatomy, and the surgeon’s skill level.
But, if you can do a hysterectomy by the vaginal route, you should do it!
A future with more vaginal hysterectomies: Is it possible? Many Say Not!