

Subtotal Versus Total Abdominal Hysterectomy

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Objectives: To study subtotal compared to total hysterectomy.

Design: Retrospective, comparative analysis.

Setting: King Abdulaziz University Hospital.

Subjects: Consecutive forty four patients undergoing subtotal and ninety patients undergoing total abdominal hysterectomy for benign indications were included in this study.

Intervention: Patients were subjected to either subtotal or total abdominal hysterectomy according to anticipated technical difficulty providing that all previous cervical smears had been normal.

Main outcome measures: Various intra-operative and post-operative variables, hospital stay, urinary and sexual morbidity.

Results: A total of 134 patients were studied. Menorrhagia was the dominant indication for surgery in 89.5%, dysmenorrhoea was present in 38.7% followed by pelvic and back pain in 35.8%. Fibroids were present in 58.2% of patients. There was no statistically significant difference in the intra or post-operative complication rate except for wound bruising which was a more significant event in total than subtotal hysterectomy.

There was no statistically significant change in urinary frequency and nocturia in both groups. A significant improvement in the symptoms of dyspareunia, coital desire and frequency was observed in the total, but not so in the subtotal hysterectomy group.

Conclusion: This study demonstrated a better overall sexual outcome in total abdominal hysterectomy but no significant difference in urinary symptoms with both types. Large controlled prospective studies are awaited to identify the logical more subtle symptomatic advantages of subtotal over total abdominal hysterectomy.

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