

437 Classic Intrafascial Supracervical Hysterectomies in 8 Years

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Abstract

Study Objective. To report technical aspects and practical long-term experience with classic intrafascial supracervical hysterectomy (CISH).

Design. Retrospective evaluation (Canadian Task Force Classification II-2).

Setting. Local community hospital in rural northwest Alabama.

Patients. Four hundred thirty-seven women.

Intervention. The procedure was performed as described originally but with slight modifications (vaginal manipulator, ETS stapler).

Measurements and Main Results. Follow-up was 44.7 months (range 3–97 mo). Average operating time was 1 hour 10 minutes (range 46 min–6 hrs, 10 min), average blood loss was 68 ml (range 10–765 ml), average length of hospital stay was 22 hours (range 10 hrs–5 days), and average return to work was 14 days (range 3–28 days). Complications were 11 bleeding cervixes (7 occurring within 21 days after surgery, and 4 between 2 and 4 yrs after surgery), 1 case of uterine artery bleeding, 1 ileus, 1 pelvic hematoma, and 5 mucocèles between 2 and 27 months postoperatively. There were three conversions, one because of morbid obesity (185 kg) and two because of large uterus:pelvis ratio.

Conclusion. CISH leaves the pelvic floor intact, has short recuperation and high patient satisfaction, and is cost effective at a low complication rate. It is an advanced laparoscopic procedure, is initially technically challenging, and has a learning curve.

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The Classic Intrafascial Semm Hysterectomy as an Alternative to Abdominal Hysterectomy

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Abstract

Study Objective. To compare the classic intrafascial Semm hysterectomy (CISH) with abdominal hysterectomy.

Design. Retrospective analysis.

Setting. Community hospital.

Patients. The first 100 women with intractable uterine bleeding, leiomyomata, and chronic pelvic pain.

Interventions. The CISH procedure, initially with the Endo GIA stapler, but later, electrocoagulation and suture to lower costs and eliminate automatic staple complications.

Measurements and Main Results. Operating time for CISH decreased and our ability to remove larger uteri increased as we became more proficient. Complications were limited to one cystotomy and four transfusions. The average hospital stay was 36 hours and most patients were back to normal activity in 3 weeks.

Conclusion. Our experience suggests that the CISH is organ preserving, is minimally invasive, decreases recovery time, and can be performed in women in whom an open abdominal approach once would have been the only option.

Comparison of Classic Intrafascial Supracervical Hysterectomy with Total Laparoscopic and Laparoscopic-Assisted Vaginal Hysterectomy

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Abstract

Study Objective. To evaluate the efficacy of laparoscopic hysterectomy and compare classic intrafascial supracervical hysterectomy (CISH) with total laparoscopic hysterectomy (TLH) and laparoscopic-assisted vaginal hysterectomy (LAVH).

Design. Retrospective review (Canadian Task Force classification II-2).

Setting. University-affiliated hospital.

Patients. Six hundred fifty women who underwent laparoscopic hysterectomy from August 1993 to August 1996.

Interventions. Charts of 231 women undergoing CISH, 102 TLH, and 317 LAVH were reviewed regarding patient characteristics, indications, uterine weight, associated procedures, estimated blood loss, operating time, and complications.

Measurements and Main Results. Among the three groups, despite having the largest specimen weight and highest number of associated procedures, women undergoing CISH had the lowest complication rate and smallest amount of estimated blood loss ($p < 0.05$). The next lowest was the TLH group ($p < 0.05$). Although LAVH was associated with shortest operating time, there were no statistically significant differences among groups ($p > 0.05$). The CISH group had relatively shorter operating times when compared with similar average specimen weights. Patients who underwent total hysterectomy by either TLH or LAVH had more postoperative visits than those having CISH ($p < 0.05$, Fisher's exact test); the LAVH group had the highest number of postoperative visits. The overall complication rate appeared to be highest in the LAVH group ($p < 0.05$, Fisher's exact test).

Conclusion. Among the three groups, CISH resulted in lowest blood loss and fewest complications; these values were also lower for TLH than for LAVH. If the cervix is removed along with the uterus, TLH is recommended. In our opinion, CISH is preferred in cases of benign uterine diseases because it lowers major operative complications, especially in women who have large masses with no pathologic lesions of the cervix.

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