

Total Laparoscopic Hysterectomy: A 4 Year Experience

Wilkinson YJ Tan, Abd Wahab AV

Department of Obstetrics and Gynaecology, Hospital Wanita dan Kanak-kanak Sabah

ABSTRACT

Objectives: Hysterectomy is an important procedure in the management of many gynaecological disorders. There are 3 popular methods of performing a hysterectomy; abdominal hysterectomy, laparoscopic assisted vaginal hysterectomy and total laparoscopic hysterectomy. Vaginal and laparoscopic hysterectomy are associated with low surgical risks and involve shorter hospital stay in comparison with abdominal hysterectomy. Reviews have also found that vaginal and laparoscopic hysterectomy are associated with fewer infections, episodes of raised temperature and women resumed normal activity more quickly compared to the vaginal route. We performed a retrospective review of total laparoscopic hysterectomy performed at our center over a 4-year period. Our objectives were to determine our progress in laparoscopic surgery and to identify areas for further improvement. **Methods:** Patients' informations are obtained from the operating theatre record book. Patients who have undergone a TLH during the period were identified and their clinical notes were traced. Duration of surgery, intra operative complications, operative blood loss, duration of hospital stay, short term and long term complications informations were then obtained. Our findings are then compared to published standards and rates of complications by other centers. **Results:** We performed 58 TLH between 2013 to 2016; 6 in 2013, 15 in 2014, 24 in 2015 and 13 in 2016. The average surgical time, operative blood loss and duration of post-operative hospital stay were calculated and tabulated. There was one bladder injury in 2013 requiring on table referral to urology team for bladder repair and ureter stenting. There was one patient who had prolonged hospital stay in 2014 due to persistent post-operative pain and one case of rectovaginal fistula. There were two patients with subcutaneous emphysema in 2015 and no documented operative complications in 2016. **Conclusions:** There remains a steep learning curve in training a surgeon to perform laparoscopy surgery. However, given the better outcome and lesser patient's complications, laparoscopic surgery is still an important skill to learn and train. Our center has shown some improvement in reducing operating time, blood losses and rates of complications. Adequate training and a suitable selection of patients will make laparoscopic hysterectomy simpler to perform.

Demographic Study and Five-year Survival of Cervical Cancer Patients in Hospital Tuanku Fauziah, Perlis

Raudzah Ramli, Amira Anis Ali Yeon, Nurul Izyani Rosley, Sharina Haron, Zaridah Shaffie

Obstetric and Gynaecology Department, Hospital Tuanku Fauziah, Kangar, Perlis

ABSTRACT

Objectives: To analyse the five-year survival of cervical cancer patients in Hospital Tuanku Fauziah, Kangar, Perlis. **Methods:** A retrospective study involving patients with cervical cancer in Hospital Tuanku Fauziah, Kangar, Perlis. Data of cervical cancer patients from 1st January 2000 to 31st December 2011 were searched from oncology cards from clinic. An exclusion criterion was the missing data. The demographic data and survival rate according to stages, age, histology, presence of lymphadenopathy and treatment received by patients were analysed using SPSS. The survival probability was determined using Kaplan-Meier method. Permission was received from Ethical Committee HTF. **Results:** 69 patients were identified. 43.5% (N=30), 34.8% (N=24), 7.2% (N=5) and 14.5% (N=10), were diagnosed at stage I, II, III and IV, respectively. Mean age at diagnosis was 54.5 year. Majority of the patients were Malay (75.4%) followed by Siamese (13%). Majority of cases were squamous cell carcinoma, 63.8% (N=44). Overall 5-year survival was 52.2% (N=36). Mean survival time was 131.7 (95% CI: 106.6, 156.8) months. Patients diagnosed at stage III and IV had poorer survival of 40% and 20%, respectively, as compared to stage I and II patients, with survival of 63.3% and 54.2%, correspondingly. The 5-year survival was higher in patients who received surgery as primary treatment (71%) compared to non-surgical group (29%). **Conclusion:** The overall 5-year survival of cervical cancer in this study was 52.2%. The survival of those at early stage is better than advanced stage. Patients who underwent surgery as primary treatment had a better survival rate as compared to those who had no surgery done.