Hysterectomias in Portugal (2000–2014): What has changed?

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Abstract

Objective: To describe the conditions regarding hysterectomies starting the year 15 years in Portugal, with a focus on gynaecological hysterectomies and gynaecological procedures.

Methods: A retrospective cohort study of women who underwent hysterectomy at a Portuguese public hospital in the period between 2000 and 2014. Patient data regarding hospital stay, age, gender, pathology, date of birth, religion, smoking status, and nationality were collected. Statistical analysis was performed using SAS statistical software.

Results: A total of 180,817 hysterectomies were performed between 2000 and 2014 in private hospitals in Portugal. The overall rate of hysterectomy increased from 16.1% (from 2.0% to 16.1%) in 2000-2004 to 100% (1.7% to 100%) in 2015. The age of women at the time of hysterectomy varied from 56.8% (from 56.8% to 56.8%) in 2000-2004 to 66.2% (from 66.2% to 66.2%) in 2015. There was a significant increase in the number of hysterectomies performed for benign gynecological conditions, with a concomitant decrease in the number of hysterectomies performed for malignant gynecological conditions. The rate of hysterectomy for benign gynecological conditions increased from 11.8% in 1995 to 51.8% in 2015. The rate of hysterectomy for malignant gynecological conditions decreased from 25.3% in 1995 to 5.3% in 2015.

Conclusions: In Portugal, the rate of hysterectomy decreased in the last 15 years with an increase in age at the time of the procedure and a change towards more complex surgical procedures.

Introduction

Although hysterectomy rates have decreased in some countries in the last decades, it is still the most common gynaecological major procedure in developed countries.[1,2]

Hysterectomy is the definitive treatment for conditions such as leiomyoma, abnormal uterine bleeding and uterine prolapse. Nevertheless, in women with benign pathology, several alternative hysterectomy have emerged in the last decades.[3,4]

Contraceptive methods that are not vaginal hysterectomy can be a primary technique for benign pathology. When it is not feasible, laparoscopic hysterectomy may avoid the need for laparoscopy. Ultimately, the surgical approach to hysterectomy should be decided by the woman together with her surgeon.[5,6]

Along with these recommendations, the rate of laparoscopic hysterectomy is low in many countries (24-80%)[7,8]. This trend towards the use of the laparoscopic hysterectomy technique in order to shorten recovery time, fewer infections, and lower hospitalization costs (2-3 days).[9,10]

There is growing evidence that in premenopausal women younger than 50 years of age, the benefits of hysterectomy are the time of 240 days of hospital stay.