Hysterectomy. A critical review.

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Hysterectomy is of interest to the practicing obstetrician-gynecologist not only from the medical and surgical points of view but also because of the societal interest that the procedure attracting. The operation was first described in the third century A.D. writings of Soranus and before the turn of this century carried a very high surgical morbidity and mortality rate. With the technologic advances made during this century in both medical and surgical specialties, the operation has become quite safe, with a mortality rate of approximately 12/10,000 procedures. However, although it is possible to objectively measure the improved quality and increased quantity of life when hysterectomy is done for cancer treatment or other life-threatening conditions, it is difficult to so measure those parameters when hysterectomy is done solely to improve the quality of life. Today the physician's medical judgment and patient's understanding of the procedure are no longer the only criteria that have to be considered before surgery. Input by third-party payers, hospital administrators, quality assurance programs, second opinion programs and standards of practice in the geographic region also play a role. Also, alternatives to hysterectomy are being evaluated; in many circumstances they are being utilized today when hysterectomy would have been the treatment of choice before this decade.

Publication Types:
- Historical Article
- Review
- Review, Academic

PMID: 2231559 [PubMed - indexed for MEDLINE]