

Apical Support Procedure at Time of Hysterectomy

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Introduction. This study was performed to investigate The University of Kansas Health System's (TUKHS) compliance with current recommendations to perform Apical Support Procedures (ASP) at the time of hysterectomy performed for uterovaginal prolapse. Hysterectomy is one of the most common surgical procedures in the United States; 17% of which are performed for prolapse. Hysterectomy alone is an ineffective treatment for prolapse as it does not restore Level 1 support. Therefore, performance of an ASP is crucial to prevent future and recurrent prolapse.

Methods. This was a retrospective cohort study of patients who underwent benign hysterectomy at TUKHS identified by ICD and CPT codes.

Results. 388 patients underwent benign hysterectomy. The mean age was 58; most were white, non-Hispanic, with private insurance. 259 (66.7%) had uterovaginal prolapse and 289 (74.5%) underwent an ASP. On multivariable analysis, patients were nearly 3-fold more likely to undergo an ASP if they held a diagnosis of uterovaginal prolapse and nearly 70% less likely to undergo an ASP if their procedure was performed only by a general gynecologist.

Conclusions. At our institution, approximately 75% of hysterectomies performed for prolapse incorporate an ASP. Although this is better than the rates in other regions, ongoing efforts to educate surgeons, particularly non-subspecialists, on the importance of re-establishing apical vaginal support at time of hysterectomy for prolapse is needed.