Total pelvic peritoneal excision allows conservation of ovaries in women with endometriosis undergoing hysterectomy

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Current evidence

- RCOG guideline number 24 on management of endometriosis suggests that bilateral oophorectomy may result in improved pain relief and reduced chance of further surgery (GPP)

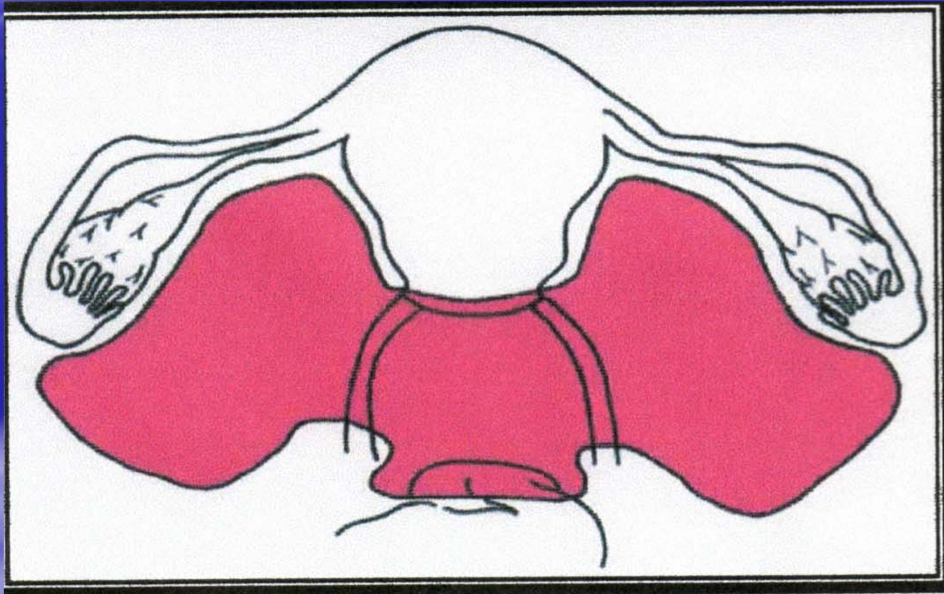
Hypothesis

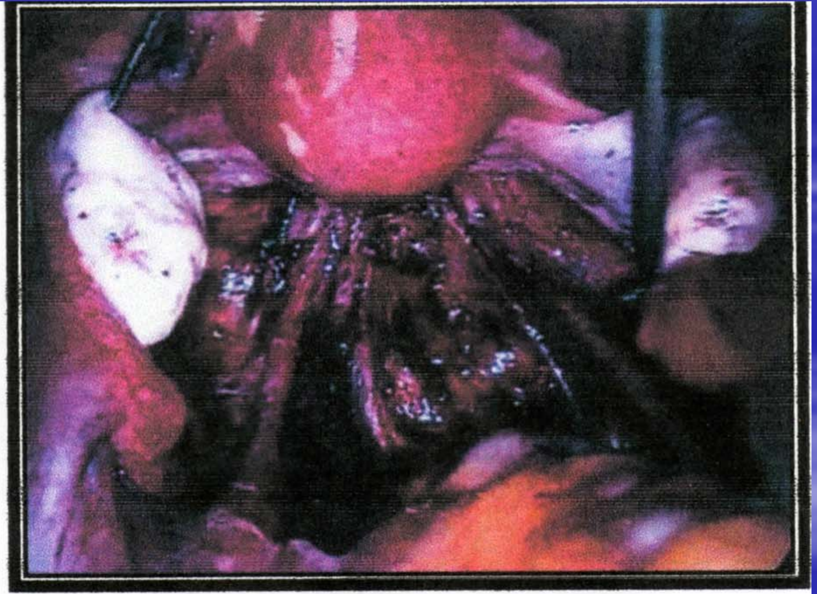
- Total pelvic peritoneal excision in women undergoing hysterectomy for endometriosis allows conservation of ovaries
- We believe that ovaries can always be conserved if endometriosis and future sites of pelvic peritoneal recurrence are completely removed

Total pelvic peritoneal excision

- To excise pelvic peritoneum covering both ovarian fosse, pelvic sidewalls, uterosacral ligaments and pouch of Douglas so as to remove all obvious and subtle endometriosis (Trehan 2001,2003)

Total pelvic peritoneal excision





Disadvantages of oophorectomy

- Mortality-8.58% excess mortality by age 80 (parker et al 2005)
- High risk of coronary heart disease (Nurses health study, Women's health initiative study)
- Hypoactive sexual desire disorder (Graziottin et al, 2007)
- Osteoporosis (Davidson, 1982, Cummings,1998)
- Dementia (Rocca et al 2007)
- Parkinson's disease (Rocca et al,2008)
- Acute menopause

Aim

- To determine the long term effectiveness of total pelvic peritoneal excision and hysterectomy with conservation of ovaries in women with endometriosis

Objectives

- Primary outcomes: Change in pain scores and health related quality of life
- Secondary outcomes: further surgery, complications and hospital stay

Methods

- 133 consecutive women with endometriosis who had total pelvic peritoneal excision and hysterectomy between 2000-2010 (10year period)

- **Study one**: Retrospective study of medical case notes

- **Study two**: 6 months to 10 years follow up questionnaires measuring pain and QOL (EHP5)

Study population

Total study group
133

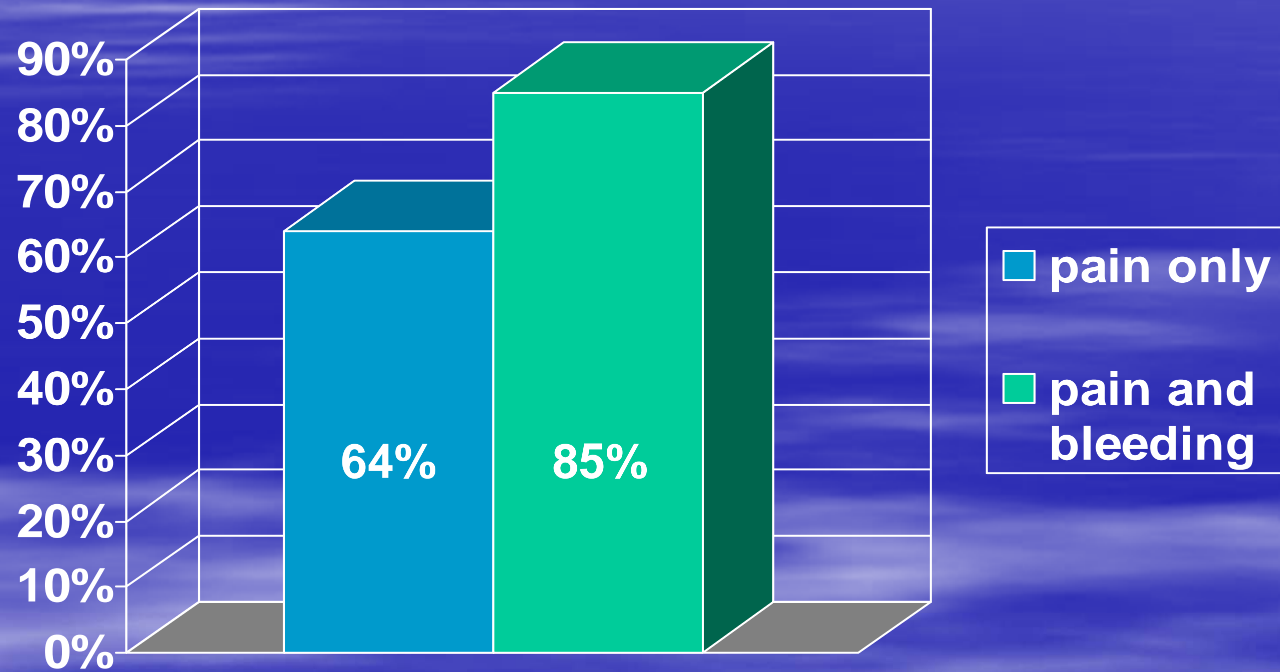
Case notes data
103 (77.44%)

Questionnaire data
87 (65.41%)

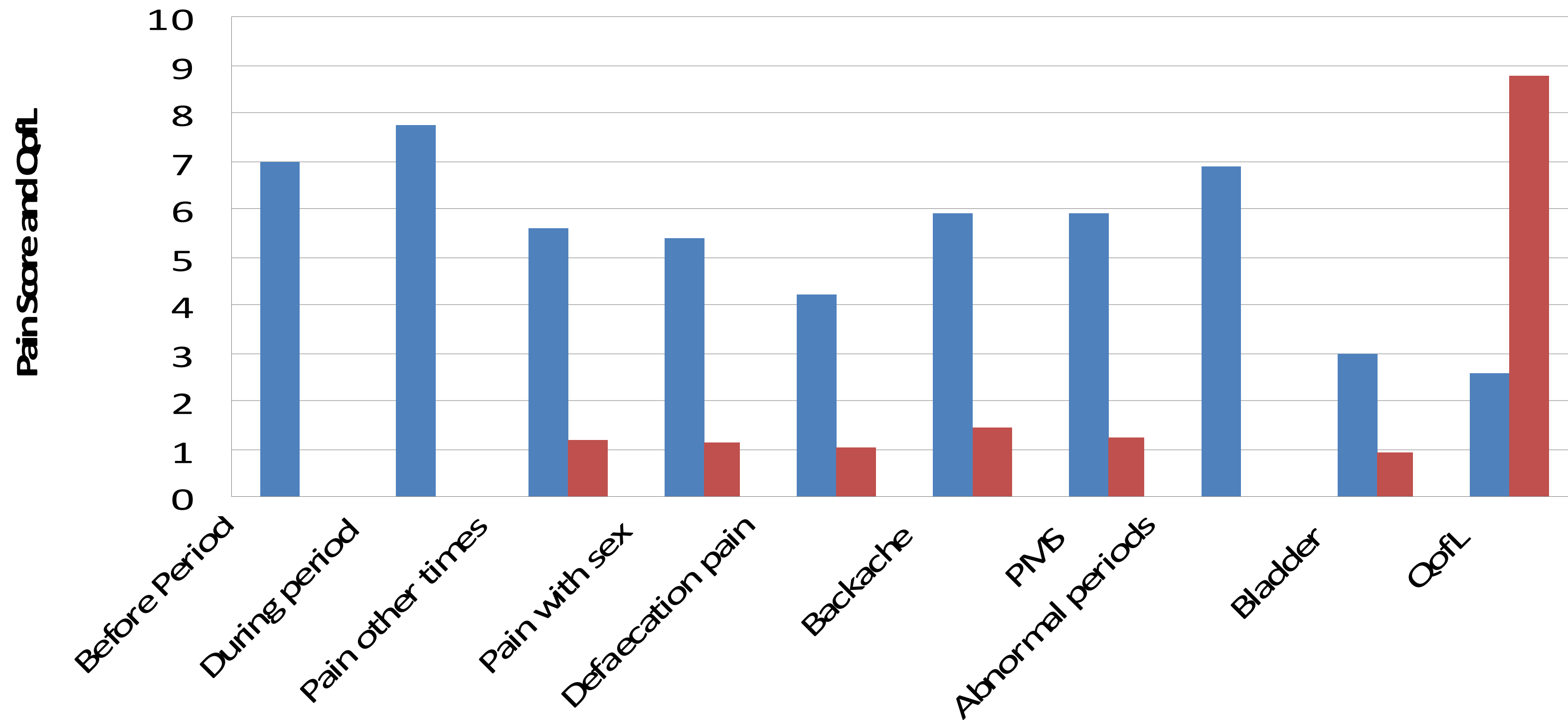
Patient characteristics (103)

	Mean	Range
Age	41 years	29-59
Nulliparous age (16%)	43.3 years	38-54
Weight	70 kg	47-120

Indication for surgery



Results
(6 months **prospective** data from notes)



Complications (103)

- Visceral injury 0/103 (0%)

(Bowel, bladder and ureter injury)

- Vascular injury 0/103 (0%)
- conversion to laparotomy 0/103- (0%)
- Blood transfusion - 1(0.94%) - 2 units blood transfusion (post op Hb 6.6gm%; pre-op Hb 11gm%, post transfusion Hb 12.6gm%)

Hospital stay (103)

Total no. of patients	Total no. of nights	Mean length of stay	Percentage of overnight stay
103	**119**	**1 (range1-2)**	**84.5%**

84.5% of patients could be discharged home after overnight stay

15.5% of patients had 2 days stay

0% stayed more than 2 days

Reasons for 2 days stay: pain, social reasons, patient choice and long distance to travel

Readmission (103)

(within 6 months post op)

- suspected pulmonary embolism -1 (0.94%)- negative on investigation

Re-operation : 16/103 (15.53%)

(Alone or in combination)

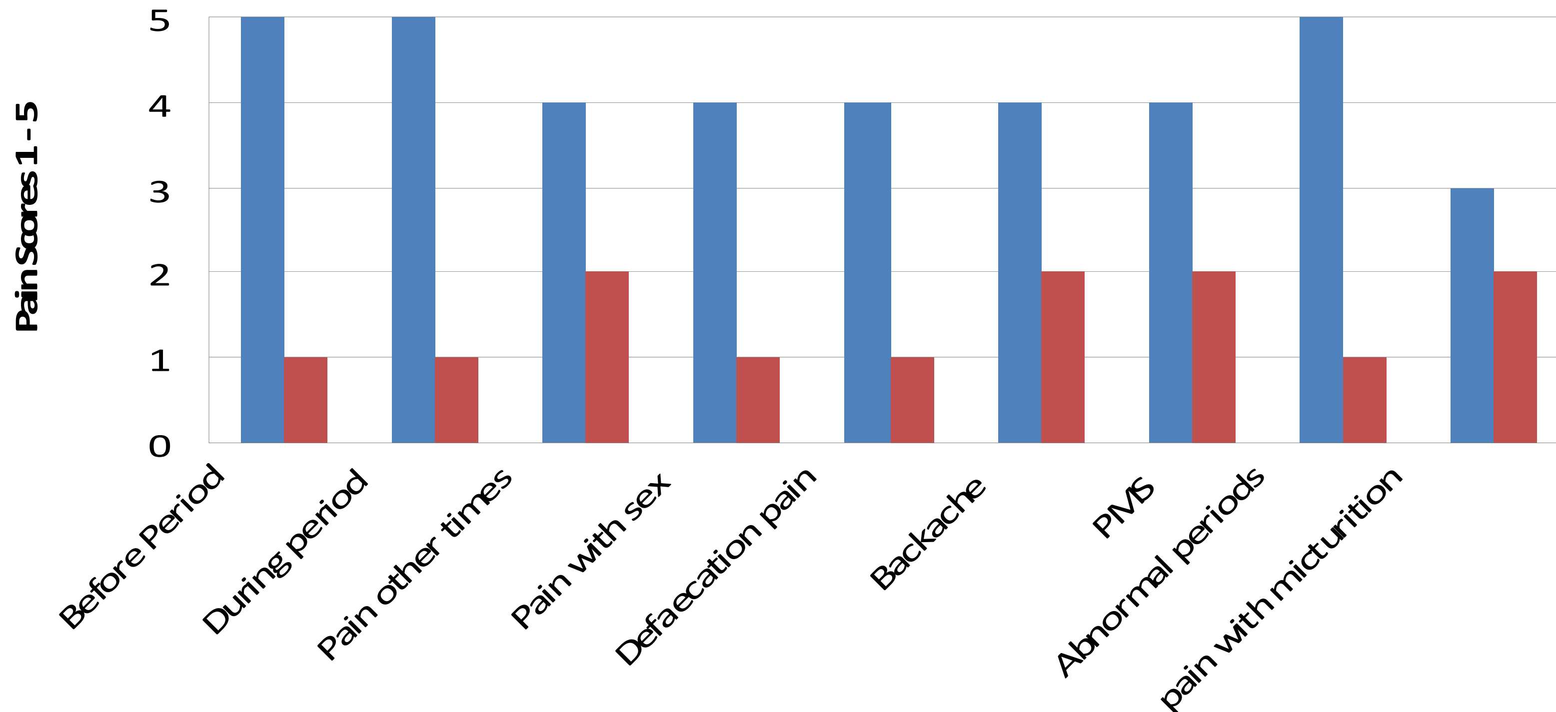
Ovarian Adhesiolysis	**11**
Excision of vault	**4**
Unilateral Oopherectomy	1
Bilateral salpingectomy + cystectomy	1
Unilateral salpingectomy	2
Excision of endometriosis **(Both were outside the previous excision margin)**	**2**
Ovarian cystectomy	2

Bilateral oophorectomy

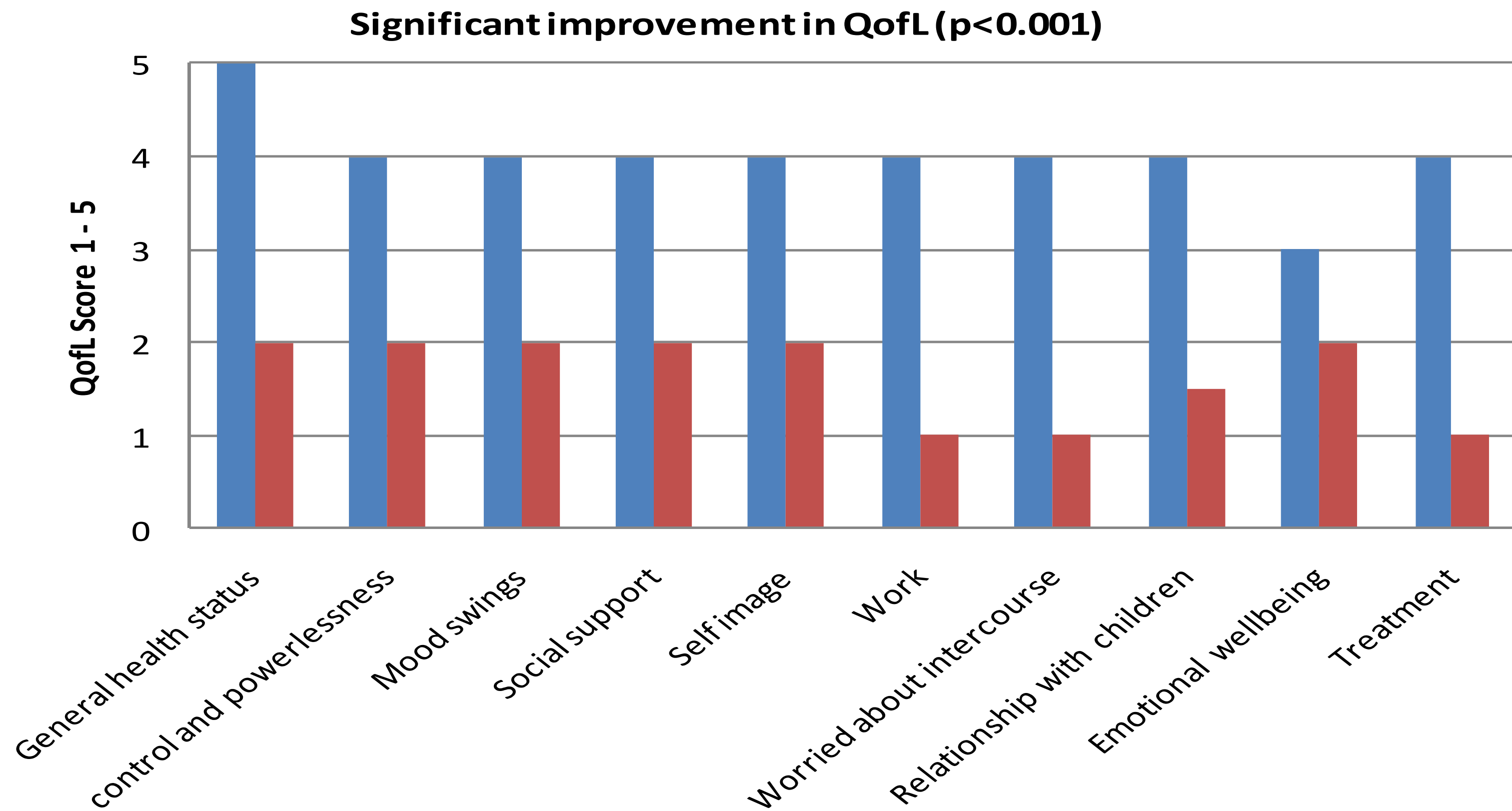
- 5 (4.3%) patients had bilateral salpingo oophorectomy at primary procedure
- All were in the early part of the study from 2001-2005
- One (1.14%) out of 87 who sent the questionnaires had bilateral oophorectomy outside the trust

Pain score from Questionnaire data (6months to10 years)

1-5 scale (scale 1 = never; scale 5 = always)



Quality of Life data from questionnaires(6months to10 years)
1-5 scale (scale 1 = never; scale 5 = always)



Patient’s view of the procedure (87)

- 99% felt that surgery had improved their symptoms
- 99% recommend the procedure to others

Limitations

- Retrospective
- Non-respondents 35.5%
- Only one surgeon’s data

Future

- Difficult to manage patients who continue to be in pain

- Randomised controlled trail is needed to answer this question

Conclusion

In patients with endometriosis, total pelvic peritoneal excision with hysterectomy

- Allows conservation of ovaries in all women

  (one out 87 patients had bilateral oophorectomy out side the trust in 10 years post operative follow up questionnaire data)

- Clinically and statistically significant improvement in pain and quality of life

- Very safe procedure in experienced hands

- 85% discharged after overnight stay

Acknowledgement:

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