OUTCOME AFTER TOTAL VERSUS SUBTOTAL ABDOMINAL HYSTERCTOMY

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List of Abbreviations

ACOG	American college of Obstetricians and Gynecologists
BSO	Bilateral salpingoophrectomy
CEA	Carcinoemberyonic antigen
DLPP	Detrusor leak point pressure
FDV	First desire to void
FVC	Frequency volume chart
HCG	Human Chorionic Gonadotropin
HRT	Hormone replacement therapy
ICS	International Continence Society
LUTD	Lower urinary tract dysfunction
LUTS	Lower urinary tract symptoms
MCC	Maximum cystometric capacity
MUCP	Maximum uretheral closure pressure
Pabd	Abdominal pressure
Pdet	Detrusor pressure
P detQmax	Detrusor pressure at the point of maximum flow
P ves	Vesical pressure
PT	Prothrombin time
PTT	Partial thromboplastin time
Qave	Average flowrate
Qmax	Maximum flowrate
QoL	Quality of life
SAH	Subtotal abdominal hysterectomy
SD	Standard Deviation
SUI	Stress urinary incontinence
TAH	Total abdominal hysterectomy
TCER	Transcervical endometrial resection
TOSH	Total or supracervical hysterectomy study

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Introduction

INTRODUCTION

Hysterectomy is the most common major gynecologic surgery. Concerns about the appropriate use of hysterectomy include neurological and anatomic disruption of the pelvic region that may lead to adverse effects on bowel, bladder, or sexual function. Hysterectomy may sometimes be identified by the patient as the starting point of lower urinary tract symptoms ***(Thakar et al, 2002)***.

One of the observed risk factors for lower urinary tract symptoms are muscular and/or neuromuscular pelvic injury during childbirth and hysterectomy ***(Moller et al., 2000)***. Another systematic review on urinary incontinence after hysterectomy supports the latter association ***(Brown et al., 2000)***.

Deciding whether to have a total or subtotal hysterectomy can be difficult. This is because research that compares the two is limited, and shows only small and conflicting differences.

Subtotal hysterectomy with preservation of the cervix has been advocated as a less invasive option than total (or "complete") hysterectomy. Unlike total hysterectomy, some patients with the subtotal procedure had cyclic bleeding, and all required ongoing Pap smear surveillance. Subtotal abdominal hysterectomy results in more rapid recovery and fewer short-term complications but infrequently causes cyclical bleeding or cervical prolapse ***(Thakar et al., 2002)***.