

Comparing the Outcomes of Fast-Track Hysterectomy and Routine Abdominal Hysterectomy

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ABSTRACT

Background & Objective: Hysterectomy is one of the major gynecologic operations. This procedure can be performed by different methods including abdominal, vaginal, and laparoscopic hysterectomy. In fast-track hysterectomy (FTH), patients do not receive opioids during surgery and there is no need for a 12-hour pre-surgery hospitalization. Patients are encouraged to eat and move at most 6 hours after operation. This study was performed to compare the outcomes of FTH with those of routine abdominal hysterectomy (RAH).

Materials & Methods: This case-control pilot study was carried out on 82 candidates for hysterectomy at Kowsar Training Hospital in Qazvin, Iran, during 2016. Patients were divided into two randomized groups of FTH and RAH. Parameters such as pain *visual analogue scale* (VAS) after 3, 6, 12, and 24 hours, diet tolerance, analgesic dose, postoperative nausea and vomiting, hospital stay, postoperative adverse effects, gas passing time, and readmission were investigated and compared between two groups.

Results: Analgesic use, gas passing time, and hospital stay were significantly lower in the FTH group ($P=0.0001$). While postoperative nausea and vomiting, adverse effects, food tolerance, and readmission rate were the same in both groups ($P>0.05$). Moreover, diet tolerance was observed in all patients. In general, pain VAS was lower in FTH with significant difference at 3rd ($P=0.002$) and 12th ($P=0.001$) hours, and at suture removal time ($P=0.026$).

Conclusion: It can be concluded that FTH may result in reduced pain, analgesic use, gas passing time, and hospital stay in comparison with RAH.

Keywords: Hysterectomy, Pain Management, Hospitalization, Case-Control



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Introduction

Hysterectomy is one of the major gynecologic procedures and the second most common surgery in women after cesarean section (1), which could be performed via different methods, including abdominal, vaginal, and laparoscopic hysterectomy (2-5). Although routine abdominal hysterectomy (RAH) is still the most frequently performed procedure and the only available technique for enlarged uteri (6), there are some challenges associated with it and the pre-, peri-, and post-operative measurements (7-9). On the other hand, surgery and anesthesia generally have negative impacts on human physiology and cause unpleasant feelings in patients (10-13).

Fast-track surgery is a multi-modal strategy that reduces the hormonal response to surgery-induced stress and improves post-operative recovery without a need for re-hospitalization (14-18). This approach prevents and reduces post-operative pain, nausea and vomiting, paralytic ileus, weakness, and fatigue, and relies on the following principles: to inform the patient about the process of surgery, safe painless recovery with minimum doses of opioids, minimal invasive surgery, improved management of post-surgery pain and nausea, reduced fasting time before surgery and rapid feeding after surgery, early walking after surgery, and intravenous fluid therapy during surgery, avoiding