

Hysterectomy Rates in Regional Health Authorities: Input from Central Health

Objective

To provide information from Central Health (CH) on the interpretation of hysterectomy rates in CH.

Practice Points

1. In Practice Points Vol. 8, pp 85–86, we reported hysterectomy and partial hysterectomy rates in the four Regional Health Authorities (RHAs), and expressed concern about the coding of partial hysterectomy.
2. CH had the lowest rate of hysterectomy and the highest rate of partial hysterectomy of the four RHAs. The rates of partial hysterectomy were inconsistent with clinical practice and coding definitions at Canadian Institute for Health Information (CIHI).

Results (Dr. S. Parsons, CH Gynecologist)

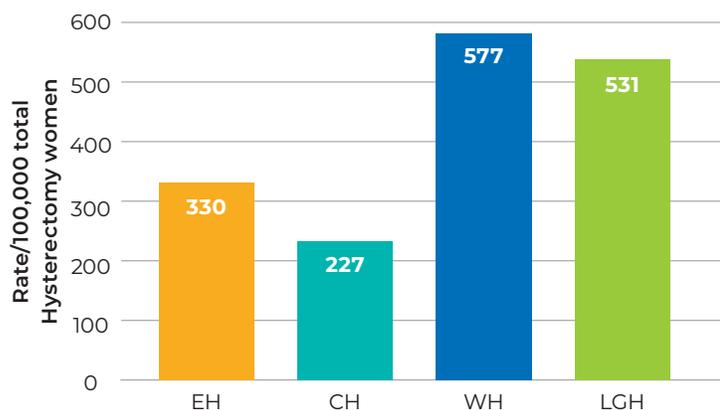


Figure 1. Age Standardized Rates/100,000 of Total Hysterectomy Women Aged ≥18 Years by RHA for 2018 (CIHI)

- The lowest rate of total hysterectomy was reported in CH.
- 95% of hysterectomies in CH are minimally invasive (total vaginal or total laparoscopic hysterectomy) with one night length of stay.
- Age-standardized rate of total hysterectomy/100,000 women ≥18 years in CH is 227, 24% lower than the Canadian rate (298).

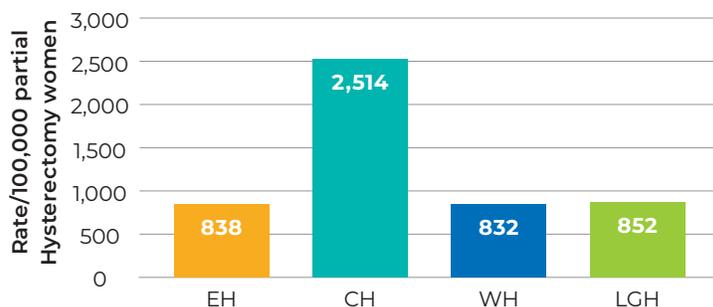


Figure 2. Age-Standardized Rates of Partial Hysterectomy/100,000 Women Aged ≥18 Years by RHA for 2018 (CIHI)

- CH had three times the rate of partial hysterectomy, compared to the other regions.
- It is likely that in CH, hysteroscopy is coded as partial hysterectomy. Hysteroscopy is a diagnostic procedure to investigate uterine problems, usually uterine bleeding.

Table 1. Process for Investigation of Uterine Problem in CH

| Process for Investigation of Uterine Problem in CH | |
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| 1 | One visit for consult, hysteroscopy, endometrium sampling, counselling. Little pelvic imaging. |
| 2 | On return of pathology results (within 2 weeks), decision on therapeutic options. |
| 3 | Benefits: One visit for the patient. Hysteroscopy is well tolerated. Maximizes choice of more conservative options (oral contraceptive pill, Intra-uterine device, or endometrial ablation) rather than hysterectomy. |

Conclusions

1. In CH, the high rate of partial hysterectomy is the result of mis-coding of hysteroscopy, a diagnostic procedure integrated into the process of investigation of uterine problems in CH.
2. Hysterectomy rates are 24% lower in CH compared to the Canadian average, associated with a management process that facilitates conservative therapeutic options for uterine bleeding.