

Hysterectomy Rates by Regional Health Authority

Objective

To determine whether hysterectomy rates differed by Regional Health Authority (RHA).

Practice Points

1. The Society of Obstetricians and Gynaecologists of Canada recommend hysterectomy for:
 - a. benign disease: Leiomyomas, abnormal uterine bleeding, endometriosis, pelvic relaxation, occasionally for pelvic pain,
 - b. pre-invasive disease,
 - c. invasive disease,
 - d. acute conditions: intractable postpartum hemorrhage, unresponsive tubo-ovarian abscess, refractory acute menorrhagia,
 - e. familial ovarian cancer.
2. For benign disease, the patient’s decision to proceed with the hysterectomy is influenced by the perception of the improvement in quality of life likely to occur because of hysterectomy versus the risk of the procedure.
3. There is wide variability in Canada’s provinces for the age-standardized rates of total hysterectomy.

Methods

1. Aggregate data on hysterectomies performed in NL from 2017–19 were obtained from the NL Centre for Health Information (NLCHI) and analysed by age and by RHA.
2. Total and partial hysterectomies were combined because of concern about coding. A partial hysterectomy excises the uterus but not the cervix. For age-standardized rates, the denominator was 100,000 women aged ≥18 years.

Results

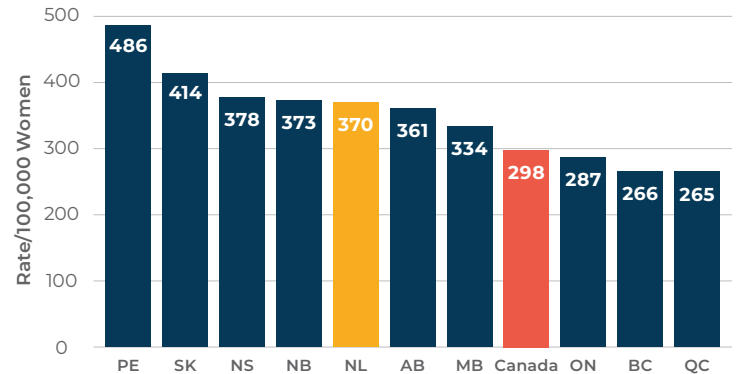


Figure 1. Age Standardized Rates of Total Hysterectomy/100,000 Women Aged ≥18 Years by Province for 2018 (Canadian Institute for Health Information (CIHI))

- NL had the 6th highest rate of total hysterectomy in Canada.

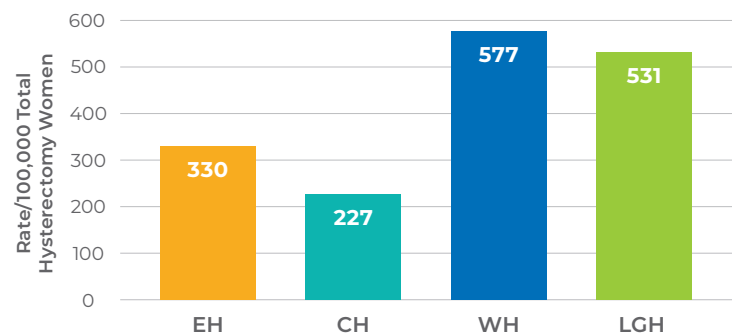


Figure 2. Age Standardized Rates/100,000 of Total Hysterectomy Women aged ≥18 years by RHA for 2018 (CIHI)

- The highest rate of total hysterectomy was reported in Western Health (WH).

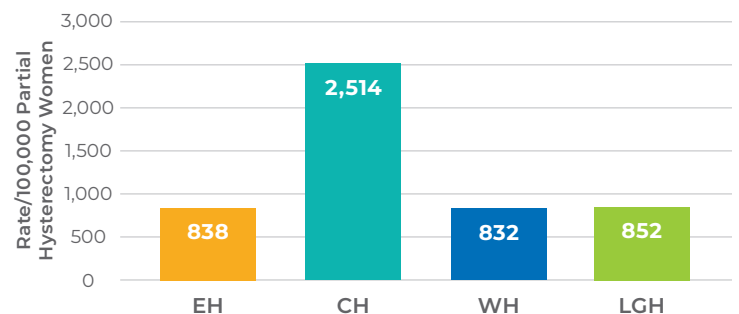
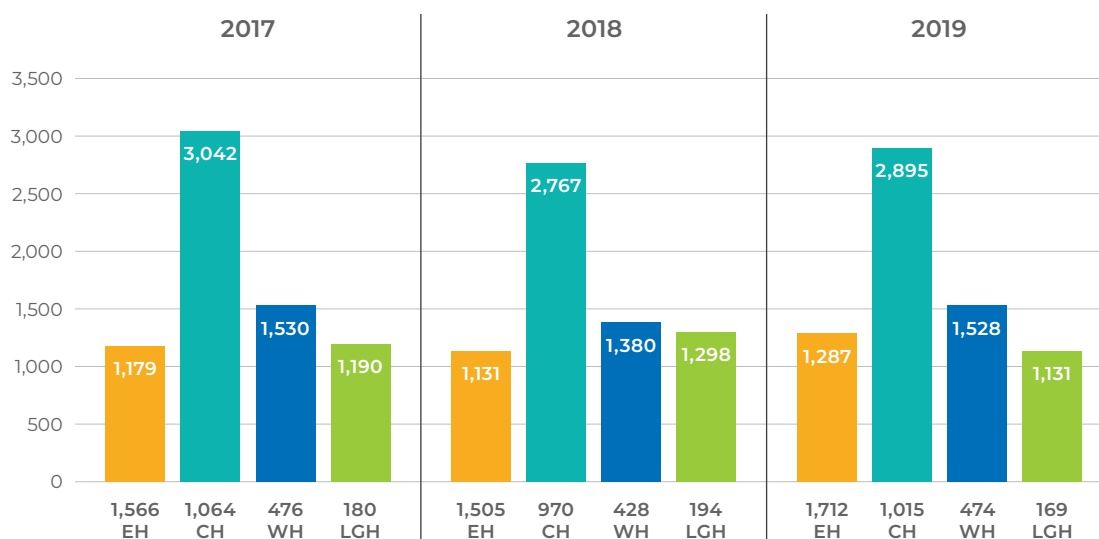


Figure 3. Age Standardized Rates of Partial Hysterectomy/100,000 Women Aged ≥18 Years by RHA for 2018 (NLCHI)

- Central Health (CH) had three times the rate of partial hysterectomy, compared to the other three regions.



- CH had the highest rate of combined hysterectomies for each of the three years, and in 2019, it was 125% higher than that of Eastern Health (EH).

Figure 4. Age Standardized Rates/100,000 Women Aged ≥18 Years by RHA and by Year. Combined Partial and Total Hysterectomy (NLCHI)

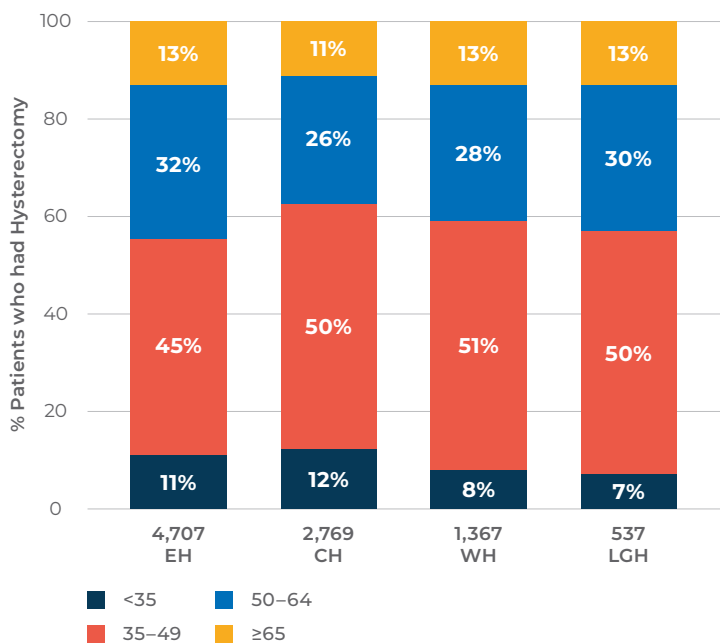


Figure 5. Per Cent of Patients Who had Hysterectomy (Total + Partial) From 2017–19 by RHA and by Age

- The age distribution was similar in each RHA, with the majority being <50 years old.

Conclusions

1. It is highly unlikely that the rate of partial hysterectomies would be higher than that of total hysterectomies. Consequently, it is likely that coding is not consistent with the definitions of the Canadian Institute for Health Information (CIHI).
2. Although WH has the highest rate of ‘total’ hysterectomies when analysed by RHA, the rate of combined partial and total hysterectomies is not the highest.
3. CH has the highest rate of combined partial and total hysterectomies.
4. It is uncertain whether these rates are of clinical concern because patient choice is determined by the ratio of risk:quality of life benefit in a procedure often undertaken vaginally or by laparoscope.