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Many hysterectomies are 'unnecessary', warns gynaecologist

A push for less invasive treatments for heavy menstrual bleeding

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Australia has been too slow in adopting new technologies to manage heavy menstrual bleeding, argues a leading gynaecological surgeon who says this puts us at odds with most other wealthy countries.

Professor Jason Abbott, from UNSW's Faculty of Medicine, says the national hysterectomy rate is one of the highest reported in the OECD and is concerned the procedure continues to be overused at the expense of uterine preserving surgery.

Pointing to AIHW data contained in the Second Australian Atlas of Healthcare Variation, Prof Abbott notes hysterectomy rates for HMB with benign causes may have fallen slightly in most regions since the 1980s but he argues they have not fallen fast enough.

“Hysterectomy is a major surgical procedure that is often used for relatively simple uterine pathology so you’ve got to weigh up the risks and benefits to the individual, and also the health care spend,” he says.

“Many hysterectomies performed today are unnecessary.”

According to the Atlas, published in 2017, most hysterectomies are performed for benign gynaecological conditions with heavy menstrual bleeding being the most common. But as the Atlas authors point out, “there are a number of less invasive and effective alternatives once malignancies and large fibroids have been ruled out”.

OECD figures show Australia is noticeably off-trend in adopting these technologies compared to countries such as Denmark, Finland, the UK and New Zealand, Prof Abbott continues.

“We perform about 250 hysterectomies per 100,000 women each year while Denmark has just 20 per 100,000, so we’re talking chalk and cheese here.

“The other important thing is that there is no difference in terms of longevity, mortality and quality of life between the two countries.”

Furthermore, he notes that Finland has decreased its hysterectomy rate by 60% in the last two decades “in preference for uterine preserving procedures and better medical management”, and New Zealand has half the hysterectomy rate per capita of Australia.

> “In the UK there is one hysterectomy for every three endometrial ablations for the treatment of abdominal uterine bleeding. We have the reverse and we need to ask why.”

Prof Abbott says there are several reasons for this discrepancy including a low awareness in primary care of alternative treatments, and a lack of gynaecologists trained in the more minimally invasive endometrial ablation procedure, particularly in regional and rural areas.

Indeed, the Atlas shows a marked rate differences across the country, observing a seven-fold difference in rates of hysterectomy and a 21-fold difference in rates of endometrial ablation.

But Prof Abbott is confident change is afoot.

“We are seeing more gynaecologists coming through public hospitals that are trained in endometrial ablation and the outcomes for patients are excellent. This will eventually filter down to the private sector but there is a lag time of about 10 years.

"Nonetheless, every gynaecologist should have this procedure in their toolbelt."

Guidelines contained in the Australian clinical care standards for heavy menstrual bleeding recommend starting with pharmaceutical treatments (hormonal or non-hormonal). The most effective non-surgical treatment is levonorgestrel IUD (Mirena). Minimally invasive, uterine preserving techniques such as endometrial ablation can be offered as second-line therapy.

The guidelines state that “hysterectomy … is discussed when other treatment options are ineffective or unsuitable, or at the woman’s request”.

Conflict of interest: Professor Abbott is on the medical advisory boards of Hologic and Vifor, and has received speaking/education fees from Hologic, MSD, Bayer and HealthEd. He is the Medical Director of Endometriosis Australia and supported by MRFF and AGES research grants.