**Nursing Compendium: Hysterectomy**

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Healthcare is highly dynamic. Emerging healthcare trends and illnesses require innovative treatment methods to make medical interventions more efficient and effective in promoting patient safety and better health outcomes. Hysterectomy is among the most controversial medical procedures in health. A hysterectomy is a medical procedure for removing the uterus via an incision in the abdominal wall. However, after undergoing a hysterectomy, the patient can no longer become pregnant, and those who have not gone through menopause can never have periods again, regardless of their age. Various studies have examined hysterectomy and provided extensive information regarding its effectiveness in healthcare practice. This paper is a literature review on hysterectomy to determine how different researchers perceive it in healthcare and provide future recommendations for using hysterectomy in healthcare practice.

**Patient Assessment and Interventions**

Patient SS is a 69 years old female diagnosed with Mild Persistent Hernia after undergoing a hysterectomy. Her family history includes her father with bladder cancer and congestive heart failure (CHF), her sister having Type 2 Diabetes, and her mother having hypertension. The patient was given Midazolam injection 2 mg IV, Fentanyl 100 mcg IV, Dexamethasone injection 4 mg/Ml IV, Acetaminophen injection 1000mcg IV, and Cefazolin injection 1g IV.The assessment revealed that patient SS indicates vital signs of body temperature of $98.4^0$F and blood pressure of 145/64. The patient's pulse rate is 68, respiration is 15, and Oxygen saturation $_{95}$ %, with a pain scale of 5. The laboratory test results of patient SS indicate blood in the urine (trace), BUN / Creatinine 22.5, AST 30, ALT 22, Protein 7.1, WBC 6.2, RBC 4.5, Lymphocytes 14.8, PTT 10.7, and INR 29.  Upon assessment, SS lungs sounds clear bilaterally without adventurous sounds, heart sounds S1S2 symmetrical and regular , pedal pulse

strong and regular and no edema on extremities, incision site skin is dry and intact, no tenderness around the area. Some of the interventions include monitoring vital signs every 15 minutes, monitoring urine output, performing neuro assessments, assess for pain, provide comfort measures, encouraging deep breathing using incentive spirometer, providing warm blankets to avoid Hypothermia, assessing for nausea, vomiting, and respiration not less than 10. These interventions were done so that our patient display core temperature within normal range upon discharge and be able to identify signs and symptoms of infection to report to the provider upon discharge.

**Literature Review**

National Health Service (2022) defines hysterectomy as the surgical procedure for removing the uterus. After undergoing the procedure, the patient can no longer become pregnant. Moreover, for persons who have not undergone menopause, a hysterectomy can prevent them from having periods regardless of age. National Health Service (2022) reports that hysterectomy is highly common for women between 40 and 50 years old. Hysterectomy is a surgical procedure for treating health problems affecting the female reproductive system, such as long-term pelvic pain, heavy periods, fibroids, womb cancer, ovarian cancer, cancer of the fallopian tube, or cervical cancer. National Health Service (2022) recognizes that a hysterectomy is a primary operation with a long recovery period and is usually considered after less invasive treatments have failed to yield better health outcomes.

Bossick et al. (2018) describe hysterectomy as the most common nonobstetric surgical procedure among women in the United States. However, the author reports that despite the high rates of hysterectomies in the United States, no evidence-based guidelines for clinical care regarding patient-centered outcomes exist. Therefore, Bossick et al. (2018) suggest that a

hysterectomy is a highly controversial clinical procedure. The existing guidelines on hysterectomy include clinical factors like length of hospital stay, blood loss, and complications, which do not include patient concerns (Bossick et al., 2018). According to Bossick et al. (2018), despite hysterectomy using standardized quality-of-life measures, the approach does not facilitate the development of guidelines related to patient-centered outcomes. Besides, Bossick et al. (2018) report that the recovery period post-surgery requires women to change their daily activities, while some women experience complications like a hernia.

Kwon et al. (2022) conducted a case report of a 47-year-old woman with a history of several abdominal surgeries. The patient had a small bowel hernia following an anterior abdominal wall peritoneal defect (Kwon et al., 2022). Kwon et al. (2022) recognize that hysterectomy is associated with low rates of hernia formations and low mortality rates. Hernia in hysterectomy usually occurs if the surgeons fail to close the peritoneum via a surgical approach. Inflammation following hysterectomy and multiple surgeries are the primary contributors to herniation following surgery. As a result, surgeons must thoroughly inspect fascial and peritoneal closures to prevent patients from developing a hernia after a hysterectomy. Besides, detecting a hernia after a hysterectomy is difficult, and computerized tomography (CT) scan is necessary for detection.

Panda et al. (2022) conducted an observational study to analyze hysterectomy's different routes f hysterectomy and complications. The decision tree of the study is based on uterine size, pelvic pathology, pelvic adhesion, vaginal access, patient choice, surgeon competency, and complication of the various routes of hysterectomy (Panda et al., 2022). The researchers collected data from preoperative, intraoperative, and post-operative records. Panda et al. (2022) state that hysterectomy is widely applied in treating many gynecologic conditions. According to

Panda et al. (2022), the surgical procedure of hysterectomy is the most significant factor that causes post-operative complications. For instance, post-operative fever is highly common following abdominal hysterectomy than in vaginal and laparoscopic hysterectomy. Generally, a hysterectomy may lead to complications like hernia that may require further medical attention.

Madhvani et al. (2022) report that most surgeons undertaking hysterectomies recognize patient characteristics that can cause complexity and complications following surgery. Madhvani et al. (2022) state that race, older age, diabetes mellitus, raised body mass index (BMI) fibroids, increased uterine weight, adhesions, and endometriosis are predictors of complications among patients undergoing hysterectomy for mild conditions. As a result, patients should be given information on the potential risks before undergoing a hysterectomy to manage their expectations. Patient education is usually necessary if surgery is an option for a mild condition since nonsurgical alternatives are usually available (Madhvani et al., 2022). According to Madhvani et al. (2022), abdominal hysterectomy has a higher chance of complication than laparoscopic hysterectomy. Hence, individuals considering a hysterectomy should understand the risks following the procedure before undergoing surgery.

### Recommendation for Best Evidence-Based Practice in Hysterectomy

Kadakia et al. (2021) recommend that surgeons counsel their patients that advancing age does not increase the rate of complications or hospital readmissions during and after surgery. The authors also recommend that reducing operative time for advancing age groups due to the concern for anesthesia, patient frailty, and prolonged Trendelenburg positioning is vital for reducing the need for pain medication postoperatively Kadakia et al. (2021). Chrysostomou et al. (2020) recommend the vagina route as the preferential route for a non-prolapsed uterus due to a lack of contraindications. Research evidence shows that a lack of surgical experience and

inadequate training on vaginal hysterectomy are the primary causes of low vaginal hysterectomy rates among gynecologists. Niu et al. (2022) suggest a long-term follow-up to inform surgeons to establish a shared decision-making model. Another recommendation is the evaluation of the cost-efficiency as a result of the expensive cost of the surgery.

According to Leyland et al. (2022), hysterectomy may be associated with high economic and psychological burden and the risk of uterine fibroids' redevelopment. Besides, hysterectomy often results in perioperative morbidity. Therefore, when undergoing hysterectomy, patients should seek high-volume surgeons and hospitals to enhance outcomes, reduce the length of surgery, and minimize the risk of complications (Leyland et al., 2022). Moreover, healthcare organizations and providers should employ enhanced recovery protocols to enhance patient experiences and recovery (Leyland et al., 2022). Leyland et al. (2022) also recommend that surgeons should inform patients about the less invasive and uterine-sparing procedures, which have minimal post-operative risks. Controlling bleeding requires non-invasive procedures, including myomectomy and endometrial ablation (Leyland et al., 2022). Myomectomy is essential for patients seeking to preserve fertility.

**Conclusion**

Emerging healthcare trends and illnesses require innovative treatment methods to make medical interventions more efficient and effective in promoting patient safety and better health outcomes. Hysterectomy is among the most controversial medical procedures in healthcare. Most American women undergo hysterectomy despite the procedure having numerous complications. For instance, the patient developed Mild Persistent Hernia after undergoing a hysterectomy. The literature review explores various studies about hysterectomy and its complications. Despite the high rates of hysterectomy in the United States, no evidence-based guidelines for clinical care

regarding patient-centered outcomes exist. Therefore, surgeons should counsel their patients that advancing age does not increase the rate of complications or hospital readmissions during and after surgery. Moreover, when undergoing hysterectomy, patients should seek high-volume surgeons and hospitals to enhance outcomes, reduce the length of surgery, and minimize the risk of complications.

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