

Abdominal Hysterectomy: A New Look at an Established Procedure

AMA/CME Test 225

(Test valid through August 31, 2003)

CONTINUING MEDICAL EDUCATION

Goal

To consider updated techniques for performing the classic Richardson abdominal hysterectomy as a means of reducing blood loss, postoperative complications, and costs.

Objectives

1. To promote more attention to hemostasis by highlighting the risks of autologous blood transfusion and describing better methods for sealing the vascular pedicles.
2. To assess techniques for managing the vaginal cuff with regard to granulation tissue formation and risk of infection.
3. To evaluate the potential advantages of supracervical hysterectomy over abdominal hysterectomy with regard to pelvic support and bladder function.

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Albert Einstein College of Medicine and Quadrant HealthCom Inc. Albert Einstein College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity has been peer reviewed and approved by Brian Cohen, MD, professor of clinical OB/GYN, Albert Einstein College of Medicine. Review date: July 2002. It is designed for OB/GYNs.

The Albert Einstein College of Medicine designates this educational activity for a maximum of 1 hour in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she spent in the educational activity. Participants who answer 70% or more of the questions correctly will obtain credit.

To earn credit, see the instructions on page 51 and mail your answers according to the instructions on page 52.

DISCLOSURE

The Faculty Disclosure Policy of the College of Medicine requires that faculty participating in a CME activity disclose to the audience any relationship with a pharmaceutical or equipment company that might pose a potential, apparent, or real conflict of interest with regard to their contribution to the activity. This disclosure also applies to any discussion of unlabeled or investigational use of any commercial product or device not yet approved in the United States. Dr. Guido reports that he has received grant/research support from Digene Corporation, MediSpectra, Inc, 3M, and Cytec Corporation; and serves as a consultant for Cytec Corporation. Dr. Brian Cohen reports no conflict of interest.

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This activity has been planned and produced in accordance with ACCME Essentials.
The estimated time to complete this activity is 1 hour.

Instructions: Read the article beginning on page 15 and select the best answer for each of the following questions. Test form and mailing instructions are on the next page.

1. Abdominal hysterectomy remains the most common type of hysterectomy procedure performed in the United States, although the growing popularity of laparoscopy reduced use of the abdominal approach between 1990 and 1997 by:
 - a. 2%.
 - b. 10%.
 - c. 25%.
 - d. 18%.
2. Because preoperative autologous blood donation induces iatrogenic anemia, use of this practice in patients undergoing abdominal hysterectomy actually raises the risk of requiring transfusion to:
 - a. 22%.
 - b. 18%.
 - c. 7%.
 - d. 12%.
3. Intraoperative blood loss and the need for transfusion during abdominal hysterectomy can be reduced by:
 - a. preoperative use of gonadotropin-releasing hormone (GnRH) agonists and iron supplementation.
 - b. preoperative erythropoietin injections.
 - c. intraoperative vasopressin administration.
 - d. all of the above.
4. Studies show that with regard to managing the vaginal cuff, almost 90% of gynecologic surgeons prefer:
 - a. leaving the cuff open to form granulation tissue.
 - b. leaving the cuff open with placement of calibrated balloons to stretch the tissue.
 - c. closing the cuff at the time of hysterectomy.
 - d. closing the cuff 6 to 8 weeks after hysterectomy is performed.
5. Compared with absorbable sutures, using absorbable surgical staples to close the vaginal cuff:
 - a. is similar in terms of operative time and postoperative infection.
 - b. leads to a much shorter operative time and lower infection rates.
 - c. may cause serious complications due to vaginal scarring.
 - d. prolongs healing time significantly.
6. The main advantage of using the bipolar LigaSure device or Power Star scissors during abdominal hysterectomy to seal off the vessels supplying the uterus is that:
 - a. the risk of intraoperative hemorrhage is greatly reduced.
 - b. they eliminate the risk of leakage at the suture sites.
 - c. they decrease the risk of postoperative embolism.
 - d. operative time is significantly shortened.
7. In patients who have undergone supracervical hysterectomy, the risk that cancer will develop in the posthysterectomy cervical stump is approximately:
 - a. 2% to 3%.
 - b. 0.25% to 0.5%.
 - c. 0.1% to 2%.
 - d. 1% to 1.5%.
8. Currently, the lifetime risk of cervical cancer for monogamous women with at least three normal Papanicolaou tests is:
 - a. 4.5%.
 - b. 0.05%.
 - c. 0.11%.
 - d. 1.9%.
9. By preserving the cardinal-uterosacral complex, supracervical hysterectomy (unlike total hysterectomy) decreases the likelihood of postoperative:
 - a. vaginal prolapse.
 - b. sexual dysfunction.
 - c. rectovaginal fistula formation.
 - d. pelvic adhesions.
10. Because it does not disrupt the uterovaginal plexus of Frankenhauser-like total hysterectomy, supracervical hysterectomy reduces the risk of postoperative:
 - a. bladder displacement.
 - b. residual urine retention and incontinence.
 - c. rectocele.
 - d. recurrent urinary tract infections.

The FEMALE PATIENT® / Test 225

Abdominal Hysterectomy: A New Look at an Established Procedure Richard S. Guido, MD

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Record your answers here by circling the appropriate letter:

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

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I have read this article and completed this activity in _____ hours.

Signature

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For you to obtain credit, 70% or more of your answers must be correct. To cover costs of processing, please enclose a check for \$10, which is tax-deductible, payable to the Division of Continuing Medical Education (TFP), and mail with this answer sheet to:

TFP-CME BOX #2
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Participants will receive certification for their records in approximately 10 to 12 weeks.

Course Evaluation

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 Superior Satisfactory Unsatisfactory
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 Yes No
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 Yes No
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 Yes No

Comments

