**Results for Laparoscopic Hysterectomy Similar**

Complication rates are about the same whether procedure is for benign or cancerous conditions.

**Outpatient Laparoscopic Subtotal Hysterectomies Considered Safe**

A significantly higher rate of postoperative fever in the cancer group (four cases, compared with two in the benign condition group) was not associated with major morbidity, however, Dr. Mahdavi noted.

In analyzing the data, Dr. Mahdavi noted that surgery was performed for benign or cancerous conditions with no significant differences between groups, however, in estimated blood loss, rate of procedures converted to laparotomy, and intraoperative bowel or bladder injuries.

The study was first prize among scientific papers on gynecology presented at the meeting.

All hysterectomies were performed by the same group of surgeons, assisted by residents and fellows, using standard techniques and the same preoperative care for all patients. The study analyzed data from the first 200 patients over 14 months.

The mean age of patients was 47 years, and 50% were obese. Patients in the benign group had a mean body mass index of 27 kg/m², while patients in the cancer group had a larger mean body mass index than the women with benign conditions (28 vs. 24 kg/m²).

Operating times decreased when the surgeons switched to disposable morcellators.

Concerns were expressed in the literature that subtotal hysterectomies to treat malignancies may leave patients with higher risk compared with total hysterectomies, because the cervix remains intact. There is no evidence, however, that total hysterectomies decrease mortality from cervical cancer. It is the Pap screening that reduces mortality, he noted.

**Outcomes Data Show Durability of Uterosacral Ligament Vault Suspension**

Atlanta — Uterosacral ligament vault suspension for the repair of enterocele and vaginal vault prolapse is a durable procedure, 5-year outcomes data suggest.

Of 110 patients who underwent the procedure for advanced pelvic organ prolapse, 88% returned for follow-up evaluation at a mean of 5.1 years. Vaginal hysterectomy was performed in 37% of patients, anterior colporrhaphy was performed in 58%, and posterior colporrhaphy was performed in 87%.

Surgical failure, defined as recurrent symptomatic prolapse of stage II or greater in at least one segment, occurred in 15%, and only two patients had further surgery for prolapse. William A.Z. Silva, M.D., reported at the annual meeting of the American Urogynecologic Society.

The rate of bowel dysfunction did not differ significantly in the pre- and postoperative periods, with 33% reporting preoperative dysfunction, and 27% reporting postoperative dysfunction, said Dr. Silva, formerly of Good Samaritan Hospital, Cincinnati, and currently with St. Francis Hospital, Federal Way, Wash.

Mean postoperative Female Sexual Function Index (FSFI) scores were significantly improved, compared with preoperative scores, as were scores in the irritative, obstructive, and stress domains of these instruments.

Dr. Salmon noted that the rate of bowel dysfunction did not differ significantly in the pre- and postoperative periods, with 33% reporting preoperative dysfunction, and 27% reporting postoperative dysfunction, said Dr. Silva, formerly of Good Samaritan Hospital, Cincinnati, and currently with St. Francis Hospital, Federal Way, Wash.