

# A study to investigate the impact of body mass index on patients undergoing total laparoscopic hysterectomy

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# Background & Objectives

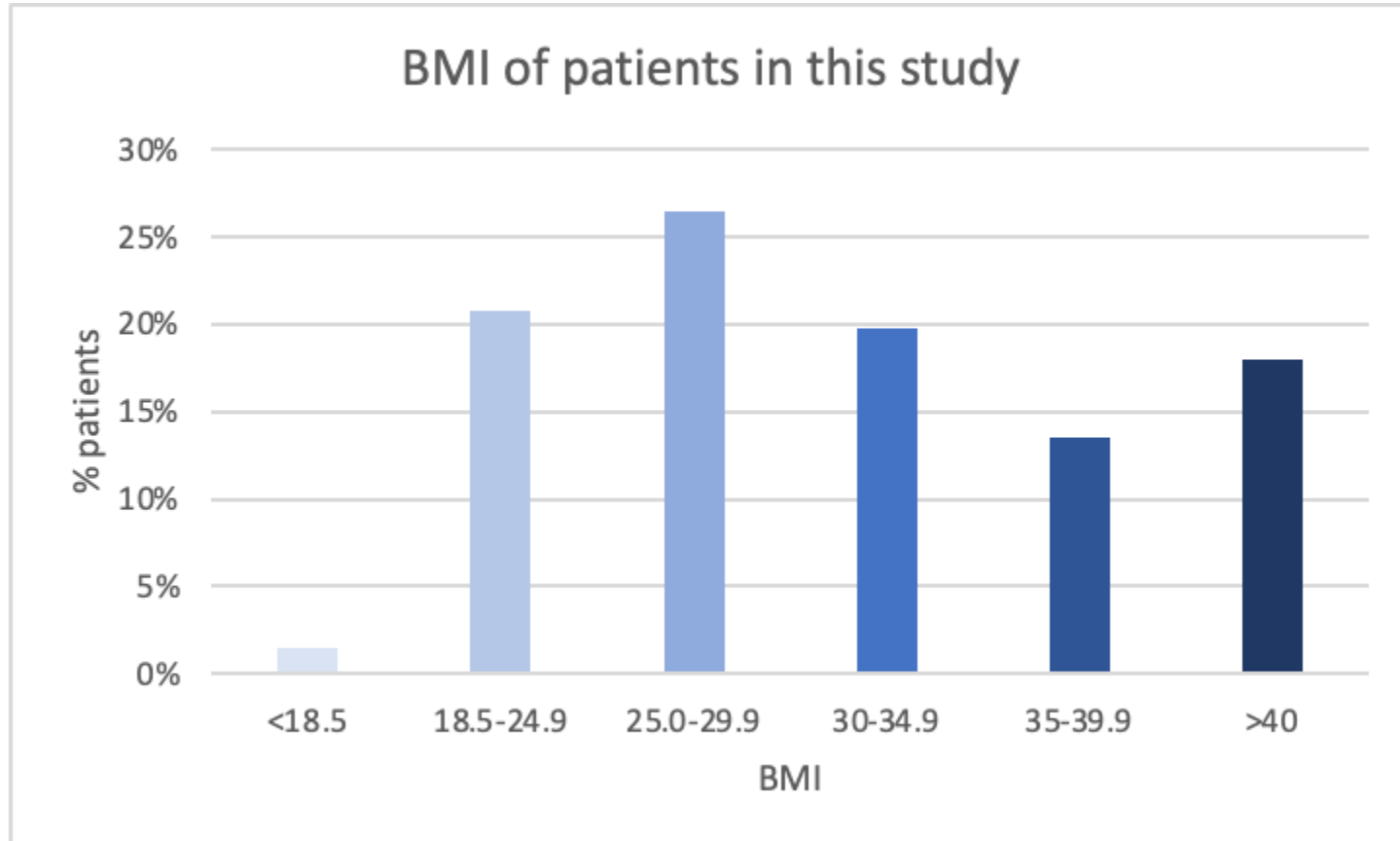
- Obesity is a well-known risk factor for operative complications
- Aims
  - Identify and analyse the impact of BMI on patients undergoing total laparoscopic hysterectomy (TLH), specifically focussing on high BMI patients

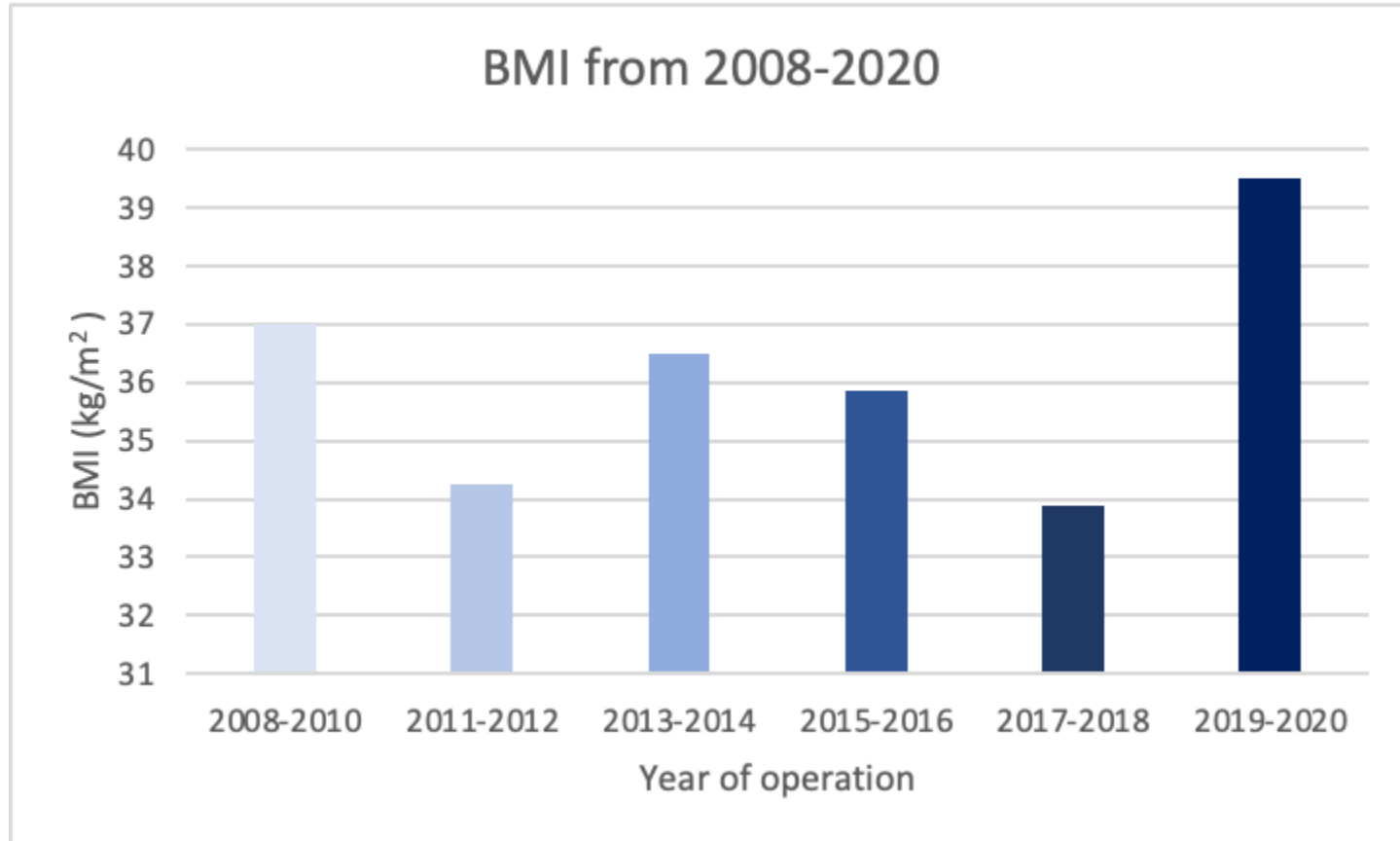
# Methodology

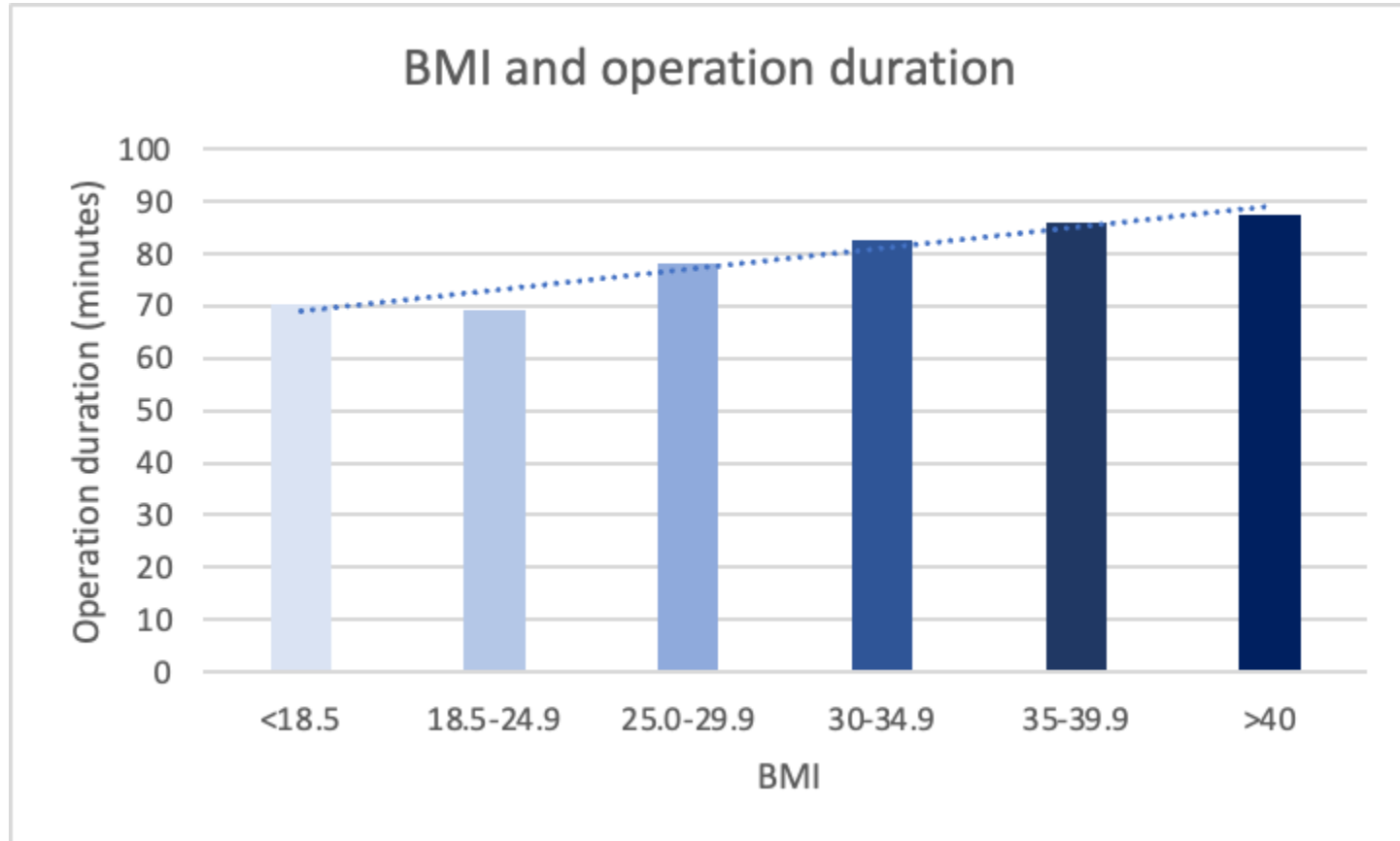
- All TLH operations performed by Surgeon A in gynaecology theatres at RDH from 2008 to 2020
- 593 operations identified, 401 complete data
- Data including patient demographic, operation details and complication rates (intra and post-operatively)
- Data was then collated and analysed using Microsoft Excel Spreadsheet and calculated as means or %

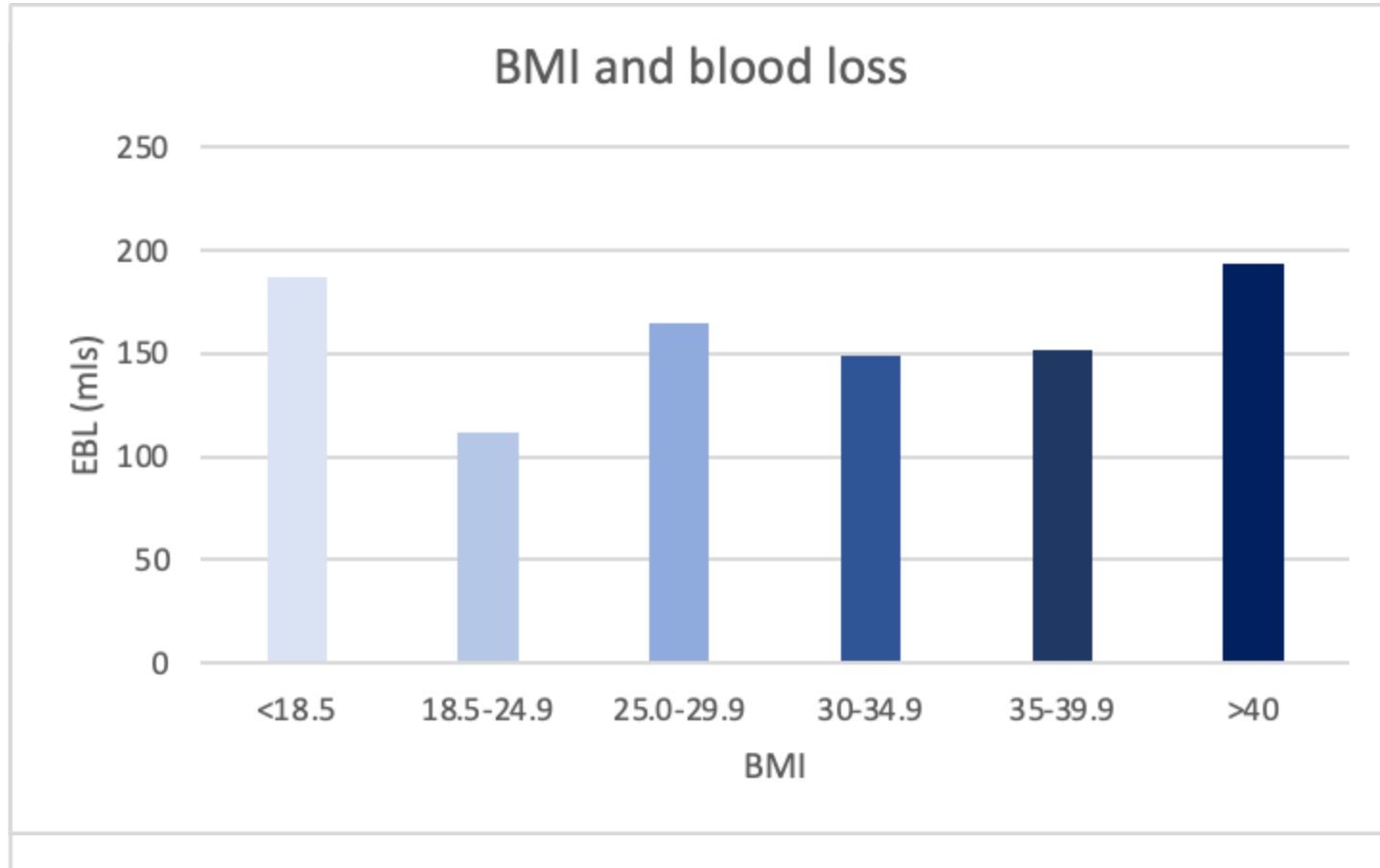
# Complications

- Intra-operative:
  - Bleeding >500mls
  - Bladder injury
  - Bowel injury
  - Conversion to open
- Post-operative:
  - Bleeding
  - Infection
  - Return to theatre
  - Readmission?
  - Post-op GAU attendance?
  - Blood transfusion

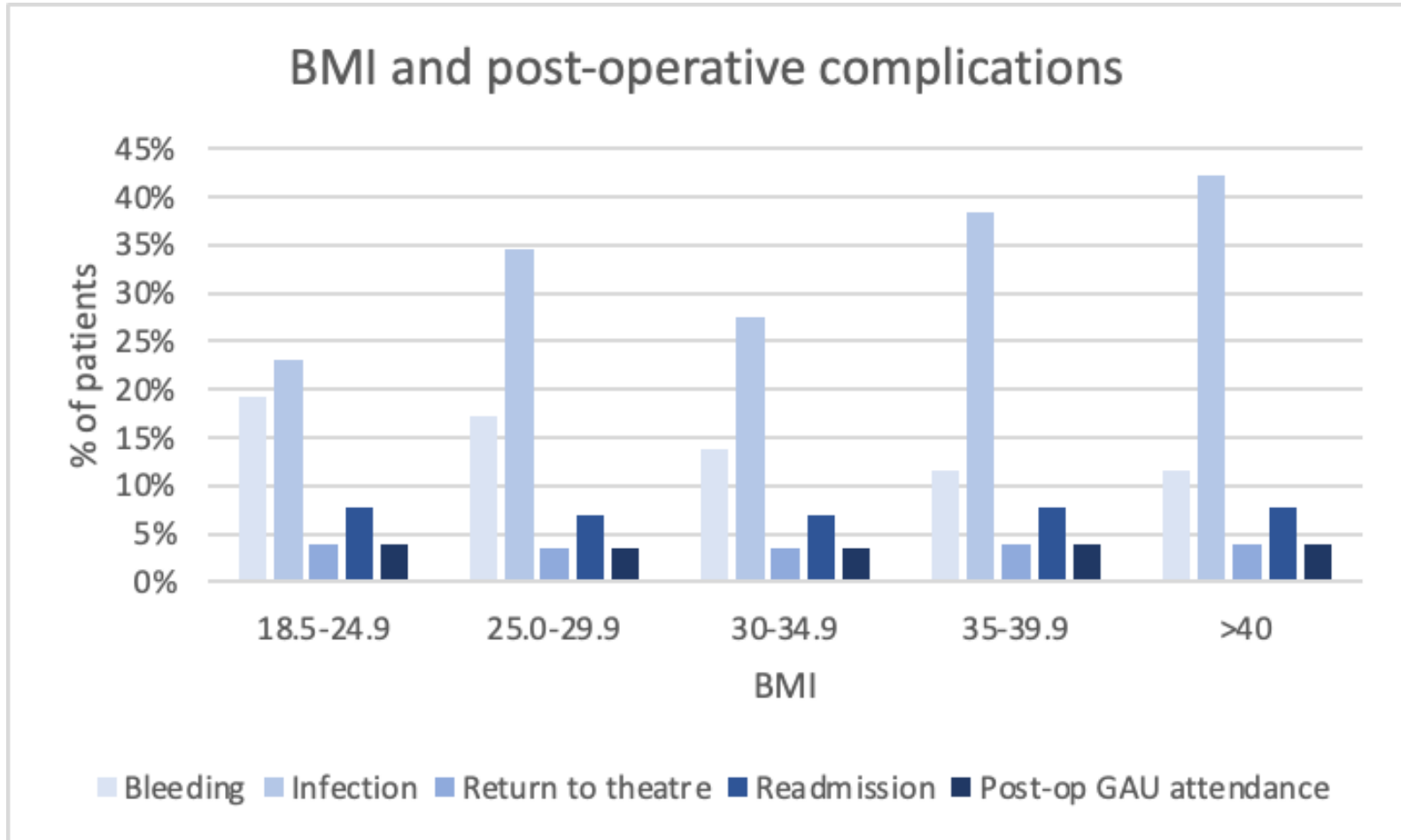












# Intra-operative complications and Hb drop

- BMI did not increase the risk intra-operative complications or Hb drop in this study ( $p's > 0.05$ )

# Conclusion

Increased BMI was associated with

1. Longer operation duration (70 minutes in  $<18.5$  versus 85 minutes in  $>40$ )
2. Increased blood loss (187mls in  $<18.5\text{kg/m}^2$  versus 193.2mls in  $>40\text{kg/m}^2$ )
3. Increased post-operative complications (most notably, infection rate increased from 23% in healthy weight to 42% in morbidly obese)

Optimisation of pre-operative BMI is imperative, and TLH in this context should be undertaken by an experienced operator.

# Any questions

