

There is no hierarchy

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There is no hierarchy: The choice of operation should be left to women

Against the motion: “Endometrial ablation should always be considered as a primary treatment, with supracervical laparoscopic hysterectomy or similar procedures a last resort”

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Most women with heavy menstrual bleeding do not have (pre)malignant disease or large fibroids. However, many such women, non-desirous of future fertility and in whom medical treatments have either failed, or been declined, ultimately seek a surgical solution. Surgery in the form of endometrial ablation or hysterectomy should be offered. However, the prevailing view that endometrial ablation should be the preferred ‘first-line’ surgical option needs to be challenged.

Endometrial ablation is safe and effective and can be performed in a convenient outpatient setting. However, satisfaction rates are higher with hysterectomy (Middleton et al. *BMJ* 2010;341:c3929). Furthermore, 20% of women undergoing an endometrial ablation will have a hysterectomy within 2 years. Hysterectomy has inherently greater morbidity and recovery times (Fergusson et al. *Cochrane Database Syst Rev* 2019;8:CD000329). The uptake of laparoscopic approaches has reduced these traditional disadvantages, although concerns remain regarding a higher rate of urological complications with laparoscopic techniques compared with conventional abdominal ones (Aarts et al. *Cochrane Database Syst Rev* 2015;8:CD003677).

The HEALTH trial (Cooper et al. *Lancet* 2019;394:1425–36) has provided greater clarity by comparing laparoscopic supracervical hysterectomy (LSH) with endometrial ablation in women with heavy menstrual bleeding without fibroids of 3 cm or more in size. LSH was chosen over total laparoscopic hysterectomy because it was considered a simpler procedure, within the skills remit of more gynaecologists, and associated with less urological morbidity. The trial showed that LSH was more effective than endometrial ablation, with greater satisfaction and improvements in quality of life. Women with fibroids reported better rates of satisfaction with LSH compared with endometrial ablation. Moreover, LSH was shown to be a less morbid form of hysterectomy with a low and equivalent rate of complications to endometrial ablation.

On the downside, LSH did take an hour longer to perform, and a third of women stayed for more than 24 hours in hospital compared with only 5% undergoing ablation. Pain scores associated with LSH were higher in the first 2 weeks following surgery and average recovery times were around 6 weeks compared with under 2 weeks for endometrial ablation. Despite these short-term disadvantages, an economic analysis of the HEALTH trial data found LSH to be more cost-effective by 10 years post-procedure because of expected higher retreatment rates (Cooper et al. *NIHR Health Technol Assess* 2019;23:1–142).

One in five women have impaired quality of life due to heavy menstrual bleeding. Those seeking surgery deserve a balanced consultation about their options informed by contemporary data. Women should be aware that although both procedures are effective, laparoscopic hysterectomy is more effective, especially in the presence of fibroids. However, it cannot be performed in an outpatient setting and recovery takes 4 weeks longer. Women can then decide between endometrial ablation or minimally invasive hysterectomy from the outset, weighing up the relative advantages and disadvantages and their preferences. Compelling data refute the notion that hysterectomy is a ‘last resort’, and this outdated hierarchical construct should be confined to history.

DISCLOSURE OF INTERESTS

TJC was a co-applicant and co-author on the HEALTH trial and has National Institute of Health Research, Health Technology Assessment Programme funding for the Laparoscopic Versus Abdominal hysterectomy (LAVA) trial; (NIHR128991, 2020–26). In the last 5 years he has received research funding from Lina Medical Ltd to evaluate an endometrial ablation device. Completed disclosure of interests form available to view online as supporting information.

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Data sharing not applicable to this article as no datasets were generated or analysed during the current study

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