

Annual clinical report 2021 –  
snapshot of general  
gynaecology surgery

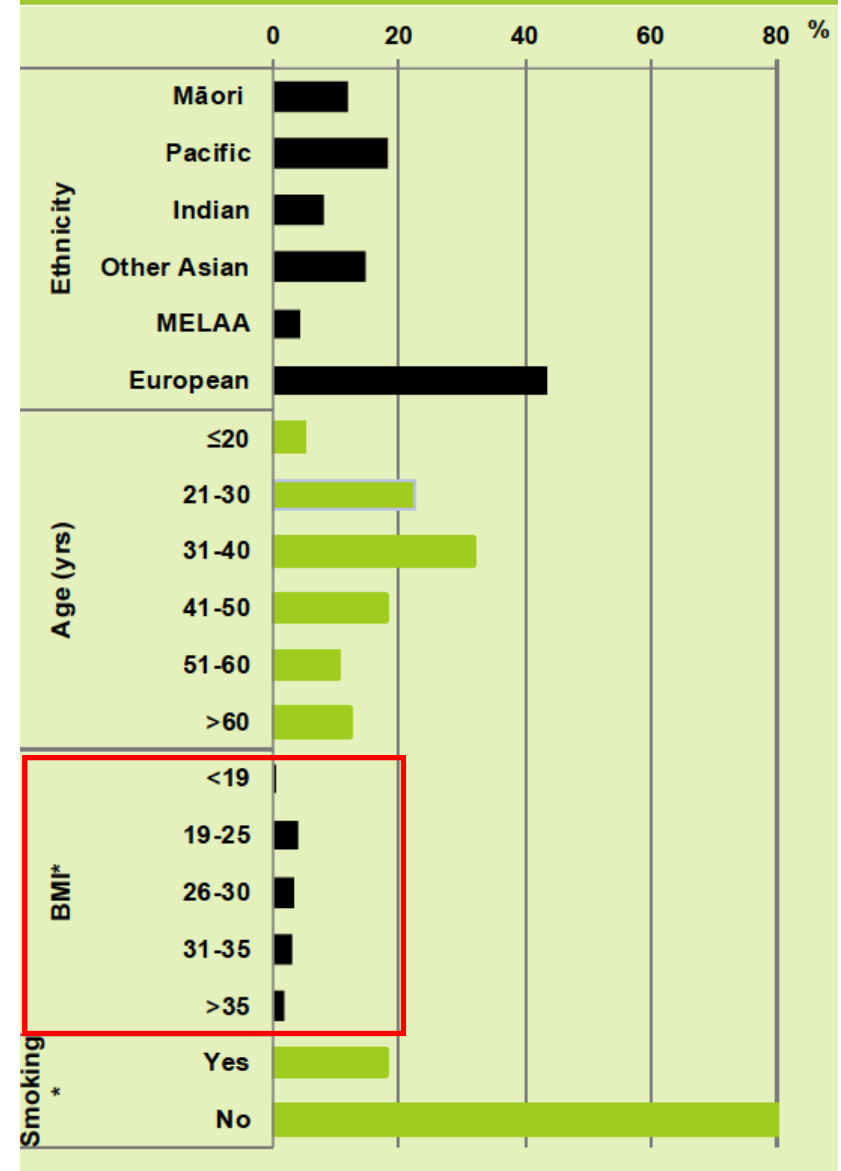
# Inpatients- 2021

- 1067 general gynaecology surgeries completed;
  - (97%) primary procedures
  - (3%) repeat surgeries as a result of complications of surgery at ACH
  - (1.0%) repeat surgeries as a result of complications of surgery at a private hospital.
- No data from the Greenlane Surgical Unit (GSU) as the data was incomplete

# Who were our patients in 2021?

- 12% Māori
  - 18% Pacific
  - 8% Indian
  - 13% Other Asian
  - 43% European
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- One third of patients 31-40 years old

Figure 173: Demographic details of wāhine having inpatient primary surgery performed by the general gynaecology team at ACH 2021



See table 237 for more detail from 2015 to 2021

# Acute and elective surgery 2021

**Table 232: Primary surgical procedure and timing of surgery among primary surgeries performed by the general gynaecology team at ACH 2021**

	Timing of surgery					
	Total		Acute		Elective	
	N	%	n	%	n	%
<b>Other uterine/cervical</b>	113	10.6	46	13.5	67	9.2
<b>Hysteroscopy</b>	173	16.2	12	3.5	161	22.2
<b>Surgical termination of pregnancy</b>	88	8.2	2	0.6	86	11.8
<b>Ovarian and/or tubal surgery</b>	152	14.2	87	25.5	65	9.0
<b>Hysterectomy</b>	133	12.5	4	1.2	129	17.8
<b>Urogynaecology procedure</b>	54	5.1	0	0.0	54	7.4
<b>Diagnostic laparoscopy</b>	71	6.7	26	7.6	45	6.2
<b>Evacuation retained products conception</b>	118	11.1	109	32.0	9	1.2
<b>Endometriosis surgery</b>	80	7.5	2	0.6	78	10.7
<b>Other vulval procedure</b>	21	2.0	20	5.9	1	0.1
<b>Other</b>	59	5.5	32	9.4	27	3.7
<b>Fibroid embolisation</b>	5	0.5	1	0.3	4	0.6

# Complications 2017 -2021 - acute and elective

Figure 223: Complications of surgery among inpatient primary surgeries performed by the general gynaecology team by timing of surgery NWH 2017

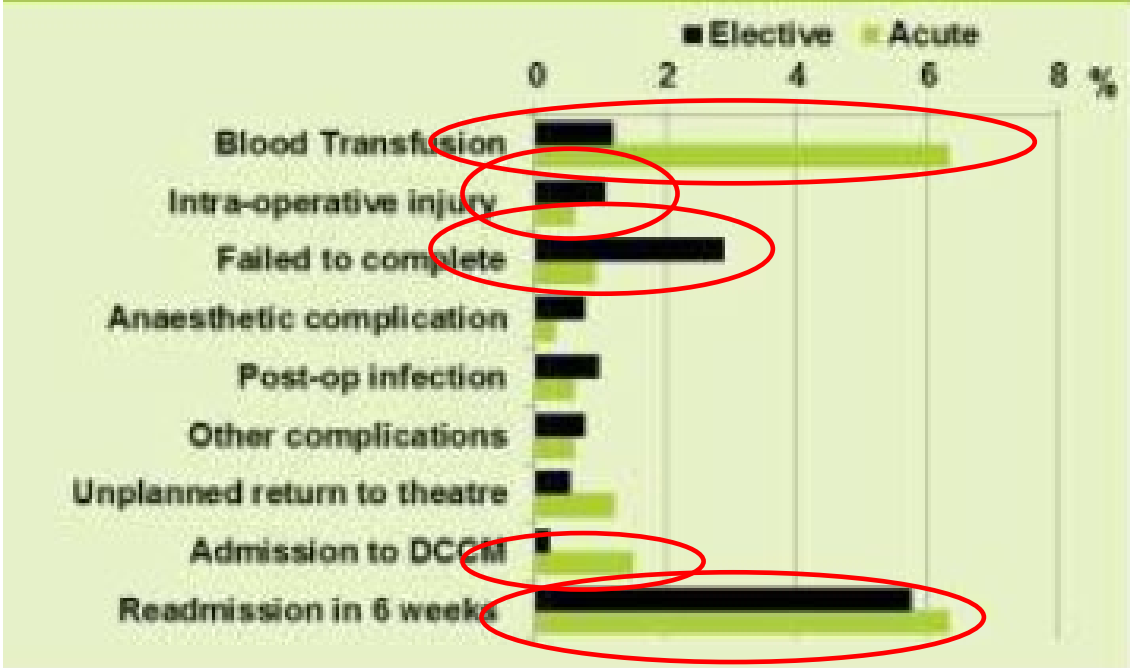
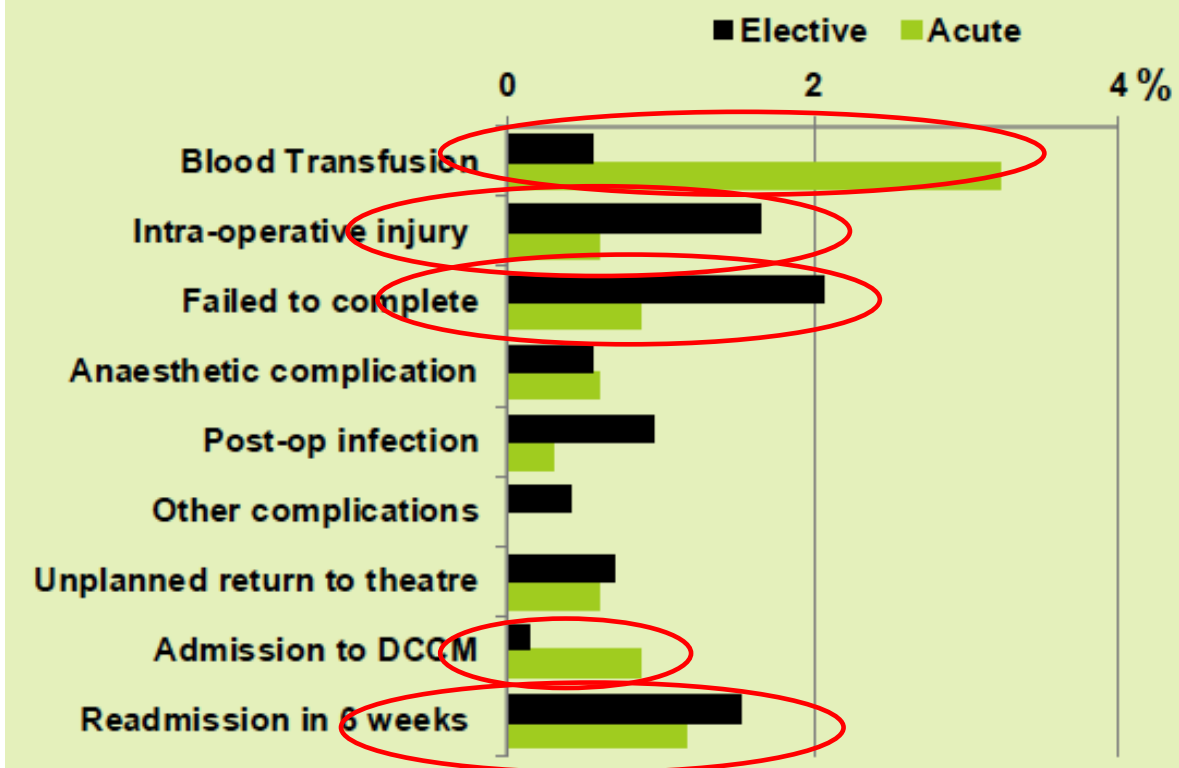
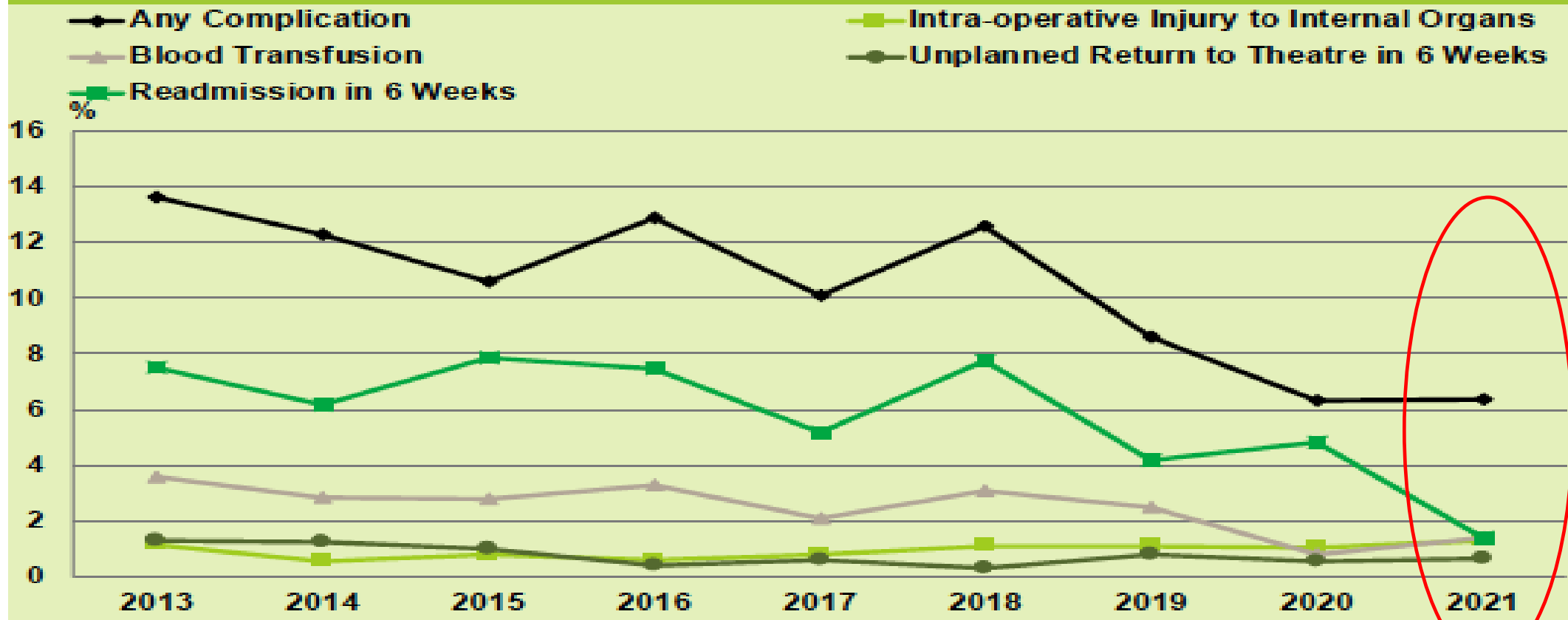


Figure 174: Complications of surgery among inpatient primary surgeries performed by the general gynaecology team by timing of surgery at ACH 2021



# Complications 2013 -2021

**Figure 175: Complications of surgery among inpatient primary surgeries performed at ACH by the general gynaecology team at ACH 2013-2021**



# Readmission to hospital > 3 hours

- Hysterectomy – reduced from 17.5% in 2015 to 5.7% in 2021
- Urogynae – unchanged from 6.9% in 2015 to 6.9% in 2021
- Lap surgery reduced from 8.2% in 2015 to 2.4% in 2021

See tables in report for more detail from 2015 to 2021

# Readmissions

- Nurse led clinic established in 2018 – all people having hysterectomy or laparotomy are seen in the gynae clinic between 7 and 14 days
- Policy for surgical bundle – includes additional antibiotics given at 3 hours



# Failure to complete 2021 – 16 cases

- 4 incomplete resection of fibroids
- 1 decision not to proceed to remove a larger than expected submucosal fibroid
- 1 salpingectomy – clipped instead of removal
- 1 cerclage during pregnancy
- 1 Novasure endometrial ablation (uterus too large)
- 1 bradycardia/asystole
- 1 abandoned laparoscopy – adhesions, high BMI, high pressures
- 1 failed hysteroscopy for PMB (had hysterectomy at later date)
- 1 decision not to remove uterine septum
- 1 laparotomy for large ovarian cyst converted to laparoscopy
- 1 failed to remove small endometrioma (difficult access and fertility patient)
- 1 decision not to proceed with endometrioma/stage 4 disease – hysterectomy at a later date
- 1 residual rectal endometrioma/stage 4 disease

**Do we need to review what ‘failure to complete’ means ?**

# Failure to complete 2021 – 18 planned cases

- 4 incomplete resection of fibroids\*
- 1 decision not to proceed to remove a larger than expected submucosal fibroid
- 1 salpingectomy – clipped instead of removal
- 1 cerclage during pregnancy\*
- 1 Novasure endometrial ablation (uterus too large)
- 1 bradycardia/asystole
- 1 abandoned laparoscopy – adhesions, high BMI, high pressures
- 1 failed hysteroscopy for PMB (had hysterectomy at later date)
- 1 decision not to remove uterine septum \*
- 1 laparotomy for large ovarian cyst converted to laparoscopy \*
- 1 failed to remove small endometrioma (difficult access and fertility patient)
- 1 decision not to proceed with endometrioma/stage 4 disease – hysterectomy at a later date
- 1 residual rectal endometrioma/stage 4 disease \*

**Do we need to review what ‘failure to complete’ means ?  
Should these be reviewed in a similar way to adverse events?**

# Intraoperative injuries during surgery 2017 - 2021

**Table 233: Intra-operative injury at primary surgery among inpatient primary surgeries performed by the general gynaecology team NWH 2017-2021**

	2017		2018		2019		2020		2021	
	N=1271		N=1238		N=1256		N=1245		N= 1067	
	n	%	n	%	n	%	n	%	n	%
<b>Bladder</b>	3	0.2	5	0.4	3	0.2	2	0.2	1	0.1
<b>Bowel</b>	5	0.4	1	0.1	6	0.5	6	0.5	9	0.8
<b>Ureter</b>	1	0.1	2	0.2	2	0.2	0		0	0.0
<b>Major blood vessel</b>	1	0.1	0		1	0.1	0		0	0.0
<b>Uterine perforation</b>							2	0.2	1	0.1
<b>Other</b>	1	0.1	5	0.4	1	0.1	1	0.1	2	0.2
<b>Total</b>	11	0.9	13	1.1	13	1	11	0.9	13	1.2

# GRAMP review of 13 intraoperative injuries

- 5 bowel
- 1 bladder
- 1 uterine
- 2 others

In 2021 GRAMP had 8 meetings and reviewed 35 cases

The end

Comments and practical suggestions welcome