



Vaginal Hysterectomy: A Comprehensive Review of Surgical Techniques, Indications, Nursing Interventions, And Patient Outcomes

1- Ahmed Saleh Alraddadi,²- Khalid Abdulrahman Ali Almughays,³-Fatimah Ahmad Mohammad Oraibi,⁴-Fatimah Ahmad Mohammad Oraibi,⁵-Nada Hussain Taher Qaissi,⁶-Turki Ali Mohammed Alhuzaim ,⁷-Malak Laila Rashed Alhazimi,⁸- Jawad Abdulla Mohammad Almazidi ,⁹-Aljoharha Fahad Mohammad Alshammari,¹⁰- Shoroq Basheer Albelal,¹¹-Majed Mirzaq Matar Almutairi,¹²- Omar Fahid Salem Al-Asefir,¹³-Rahmah Motlaq Ablawi ,¹⁴- Abdulaziz Mohsen Alshuhail,¹⁵-Rami Ibrahim Alalawiy

¹ KSA, Ministry Of Health, Forensic Medical Services

² KSA, Ministry Of Health, Erada Mental Health Complex

³ KSA, Ministry Of Health, Al Hadrur Primary Health Center

⁴ KSA, Ministry Of Health, Al Hadrur Primary Health Center

⁵ KSA, Ministry Of Health, Al Hadrur Primary Health Center

⁶ KSA, Ministry Of Health, Dasman Health Center In Al Quwayiyah

⁷ KSA, Ministry Of Health, Maternity And Children Hospital In Hafr Albatin

⁸ KSA, Ministry Of Health, Al-Ahsa Health Cluster

⁹ KSA, Ministry Of Health, Eradah Compleex For Health - Hail

¹⁰KSA, Ministry Of Health, Sultana Primary Health Care Center

¹¹KSA, Ministry Of Health, KING SALMAN MEDICAL CITY

¹²KSA, Ministry Of Health, Eradah Compleex For Health Hail

¹³KSA, Ministry Of Health, Alkhaldiah Dispensary In Alwajh

¹⁴Ksa, Ministry Of Health, Erada Mental Health Complex

¹⁵Ksa, Ministry Of Health, Almrouj Phc C2

Abstract:

Background: Vaginal hysterectomy is a minimally invasive surgical approach used for the removal of the uterus, particularly in patients with benign gynecological conditions. It is known for offering several advantages over alternative methods such as abdominal and laparoscopic hysterectomy, including reduced pain, faster recovery, and lower complication rates. This review aims to evaluate the surgical techniques, indications, patient outcomes, nursing interventions, and complications associated with vaginal hysterectomy.

Aim: The primary aim of this review is to provide a comprehensive overview of vaginal hysterectomy, highlighting its techniques, indications, nursing interventions, and clinical outcomes. It also examines complications and the critical role of healthcare teams in optimizing patient recovery.

Methods: A thorough review of literature was conducted, analyzing various surgical approaches to hysterectomy, with a focus on vaginal hysterectomy. This included reviewing clinical guidelines, case studies, and existing research on patient outcomes, complications, and post-operative care.

Results: Vaginal hysterectomy is effective for managing benign gynecological conditions like uterine fibroids, pelvic pain, and abnormal bleeding. The procedure has fewer complications compared to abdominal hysterectomy, with advantages including reduced postoperative discomfort, lower costs, and quicker recovery. However, potential complications include urinary and bowel injuries, bleeding, and nerve

damage, particularly in patients with complex pelvic anatomy. Healthcare providers play a significant role in ensuring the success of the procedure through preoperative counseling, skillful surgery, and postoperative care.

Conclusion: Vaginal hysterectomy is a preferred surgical approach for many benign gynecological conditions, providing significant benefits in terms of recovery and patient outcomes. Proper patient selection, surgical technique, and interprofessional collaboration are key to minimizing complications and ensuring optimal recovery.

Keywords: Vaginal hysterectomy, surgical techniques, patient outcomes, gynecological surgery, complications, postoperative care, healthcare team.

Received: 10 October 2023 **Revised:** 24 November 2023 **Accepted:** 08 December 2023

Introduction:

Hysterectomy can be performed through various surgical approaches, each with its own advantages and limitations. Commonly utilized methods include vaginal, abdominal, laparoscopic, and robotic-assisted hysterectomy. Among these, vaginal hysterectomy is considered one of the least invasive procedures, offering favorable outcomes and a lower complication rate compared to its counterparts. This approach is often considered the preferred option when feasible, due to its numerous benefits. The key advantages of vaginal hysterectomy include reduced postoperative pain, quicker recovery times, earlier return to daily activities, lower financial costs, and a decreased incidence of morbidity. It is predominantly indicated for benign conditions of the uterus, where it can be performed safely and effectively. As a result, vaginal hysterectomy remains an important surgical option within the field of gynecology, particularly for patients who are candidates for non-abdominal interventions.

Anatomy and Physiology:

Hysterectomy procedures can be carried out using various techniques, such as vaginal, abdominal, laparoscopic, and robotic-assisted methods. Vaginal hysterectomy is among the least invasive surgical options, associated with favorable patient outcomes and fewer complications compared to other approaches. It is recommended as the preferred technique whenever possible, offering significant advantages including reduced postoperative discomfort, accelerated recovery, quicker resumption of regular activities, lower healthcare costs, and a reduction in morbidity rates. This method is typically employed in the management of benign gynecological conditions, where it provides an effective means of addressing uterine pathologies with minimal disruption to the patient's overall health and well-being.

Indications:

Hysterectomy is one of the most commonly performed surgical procedures globally, with a wide range of clinical indications. Some of the most frequent indications for hysterectomy include pelvic relaxation, the presence of fibroid uterus, abnormal uterine bleeding, pelvic pain associated with endometriosis, pelvic organ prolapse, benign ovarian masses, gynecological malignancies, and adenomyosis [1]. These conditions often lead to significant symptoms or complications that may not respond to conservative treatment, making hysterectomy a necessary and effective surgical intervention. Each of these indications presents unique challenges, and the decision to proceed with a hysterectomy is based on a careful assessment of the patient's clinical presentation, overall health, and preferences.

Contraindications:

While there are no absolute contraindications to vaginal hysterectomy, certain relative contraindications should be considered. These include prior pelvic radiation, the presence of a significantly enlarged uterus, previous pelvic surgeries that may complicate access, and suspected severe pelvic adhesions or anatomical distortion resulting from conditions such as pelvic inflammatory disease (PID) or endometriosis [2]. Other considerations include morbid obesity, nulliparity, and a lack of uterine descent, which may limit the

feasibility of the vaginal approach. In such cases, alternative surgical methods may be more appropriate, depending on the individual patient's condition and surgical risk factors.

Equipment:

A range of specialized instruments is required to perform a vaginal hysterectomy. Essential tools for the procedure include long, heavy Mayo scissors, both short and long weighted vaginal speculums with an extra-long blade, Heaney right-angle retractors, Jorgenson scissors, long Allis clamps, and Deaver retractors. A long needle holder, Heaney clamps, and a single-tooth tenaculum are also necessary for tissue manipulation. Additionally, the procedure requires a Bovie extender for electrosurgical dissection, suction apparatus for maintaining a clear surgical field, and a neurosurgery headlight to ensure proper visualization of the surgical site. These instruments are critical for facilitating the delicate and precise maneuvers required during the procedure, enabling the surgeon to perform the hysterectomy with optimal outcomes.

Personnel:

The successful execution of a vaginal hysterectomy necessitates the involvement of a skilled surgical team. The primary surgical responsibility lies with the gynecologist, who performs the procedure. In many cases, urogynecologists may also be involved, particularly if there is concurrent pelvic floor or urinary tract pathology. An anesthesiologist and anesthetic technologist are essential for the administration and monitoring of anesthesia during the surgery. Support staff, including nurses and surgical assistants, are also critical to ensure the smooth operation of the procedure. These personnel work collaboratively to maintain patient safety, assist with surgical tasks, and provide essential care throughout the surgical process.

Preparation:

Preparation for a vaginal hysterectomy involves several key steps to ensure the patient's safety and the optimal outcome of the surgery. The patient is typically positioned in the dorsal lithotomy position with the use of either candy cane or boot-type stirrups. This positioning facilitates access to the vaginal cavity and allows for optimal visualization of the surgical site. Prophylaxis against venous thromboembolism is essential, and this is typically achieved through the application of sequential compression devices or the administration of anticoagulants. Antibiotic prophylaxis, such as cefazolin administered intravenously, is commonly used within 60 minutes of the incision to prevent infection. A pre-procedure verification checklist, commonly referred to as a "time out," is performed to confirm the patient's identity, the type of procedure, the equipment to be used, and the responsible surgeon, as per hospital protocols. Additionally, the patient undergoes an examination under anesthesia to evaluate the size, shape, and mobility of the uterus, as well as the condition of the adnexa and other pelvic structures. The degree of uterine descent and any signs of pelvic organ prolapse, such as cystocele or rectocele, are also assessed. Vaginal preparation is performed using a Betadine scrub to ensure the aseptic integrity of the surgical field. Finally, a sterile surgical drape is applied to maintain the aseptic environment throughout the procedure [3].

Technique or Treatment:

Urinary bladder and ureteral injuries are among the most frequent preventable complications encountered during hysterectomy. The technique for performing a hysterectomy is carefully outlined to minimize such risks. Initially, decompression of the bladder is achieved through the insertion of a Foley catheter to drain the urine. To facilitate hemostasis and hydrodissection, a dilute vasoconstrictor such as vasopressin (20 units in 100 ml of normal saline) is circumferentially injected into the cervicovaginal junction. A circumferential incision is then made around the cervix at the cervicovaginal intersection using a scalpel or diathermy. Following this, dissection and deflection of the bladder and anterior colpotomy are performed. The anterior vaginal mucosa is grasped and tented, and both sharp and blunt dissection are used to separate the vaginal mucosa from the cervical stroma. The peritoneum is identified and entered sharply, with a right-angle or Deaver retractor placed in the peritoneal cavity to protect the bladder. For posterior cul-de-sac entry, the posterior vaginal epithelium is grasped, and the peritoneum is entered using Mayo scissors. Once the peritoneal cavity is opened, the vaginal mucosa is either stretched or incised laterally. The uterosacral and cardinal ligament complex is carefully clamped and cut, with the ureters protected by ensuring the

clamps are placed very close to the cervical stump. Subsequently, the uterine vessels are managed by using a Heaney clamp, and the broad ligament is clamped, cut, and sutured. For the utero-ovarian and round ligament complex, careful handling and double clamping are recommended when the pedicles are too large. After securing all ligaments and vessels, the uterus is delivered, and a careful evaluation of all pedicles is performed to ensure adequate hemostasis. Closure of the cuff and McCall's culdoplasty follows, with a running and locking fashion typically used to control bleeding from the vaginal edges. The uterosacral ligaments are incorporated into the vaginal cuff to prevent future prolapse. A Foley catheter remains in place until the patient is ambulatory, and diet is advanced as tolerated [4][5].

Complications:

Intraoperative complications during vaginal hysterectomy include several risks such as bleeding, ureteral injury, bladder injury, bowel injury, and nerve damage. The most common sites of bleeding are the uterine vessels, utero-ovarian ligament, and vaginal cuff, with bleeding being a significant concern [4]. Ureteral injuries occur in approximately 0.5% of cases, and bladder injuries are more prevalent, occurring in up to 1.2% of vaginal hysterectomies, particularly in patients with prior pelvic surgeries or those undergoing concomitant bladder surgery [6][7]. Bowel injury is less common, with an incidence of approximately 0.4%. Nerve injuries, particularly to the femoral, peroneal, and tibial nerves, may arise due to the retractor or improper positioning of the legs on stirrups. In some cases, complications such as large pelvic masses, adhesions, or unmanageable hemorrhage may necessitate conversion to laparotomy. Adverse reactions to anesthetics can also pose risks. Postoperative complications may include ileus, bowel obstruction, vaginal cuff dehiscence, infections like vaginal cuff cellulitis and pelvic abscess, and fistulas, including vesicovaginal, ureterovaginal, and rectovaginal fistulas. Prolapse of pelvic structures, such as the Fallopian tube, can also occur. Ureteral injuries are most frequently observed during the clamping and cutting of the infundibulopelvic ligament, the separation of uterine vessels, the dissection of the uterosacral-cardinal ligament complex, and during the closure of the vaginal apex [8]. Management of these complications is not discussed in detail within the scope of this article.

Clinical Significance

Vaginal hysterectomy is regarded as one of the least invasive methods of performing a hysterectomy, offering improved outcomes and fewer complications when compared to other approaches. It is considered the preferred route for hysterectomy, whenever feasible, due to its numerous advantages, including reduced pain, faster recovery, quicker return to work, lower costs, and reduced morbidity. Vaginal hysterectomy is typically performed for benign gynecological conditions [9]. However, it is important to recognize that hysterectomy can significantly impact a patient's quality of life. The physical, psychological, and mental health implications of the procedure can be long-lasting. As such, it is imperative for healthcare providers to engage in thorough counseling with patients prior to the procedure, ensuring that they are fully informed and able to make educated decisions regarding their treatment options.

Enhancing Healthcare Team Outcomes

Vaginal hysterectomy (VH) is a frequently performed gynecological surgery that addresses various gynecological conditions. The success of this procedure hinges on the effective collaboration within the interprofessional healthcare team. Nurses play a critical role throughout the entire process, starting from the preoperative phase, continuing through the surgery, and extending into postoperative care. In the preoperative phase, the nurse's responsibilities include assisting clinicians by providing patients and their families with educational materials detailing the procedure, its benefits, and potential risks. Additionally, nurses help ensure that all preoperative tests and investigations are completed and available prior to the scheduled surgery. During the procedure, nurses support the surgical team by managing necessary instruments and ensuring proper lighting for optimal visualization of the surgical area. They are also responsible for ensuring the correct functioning of diathermy equipment and confirming patient insulation. Another key responsibility of the nurse is the accurate counting of surgical instruments and towels, as well as documenting intraoperative blood loss. In the postoperative phase, the nurse monitors the patient's vital signs and ensures their hemodynamic and overall stability. Any deviations from normal vital signs are

promptly reported to the clinician. The success of the procedure is contingent upon clear, effective communication among team members, which ensures patient safety at all times. Furthermore, patient education is vital, and the nurse ensures that the patient is well-informed and any concerns are addressed adequately. The coordinated care provided by the interprofessional team is critical in achieving optimal outcomes for women undergoing vaginal hysterectomy and their families [Level 5].

Nursing, Allied Health, and Interprofessional Team Interventions

Interprofessional collaboration is essential during and after a hysterectomy, as it ensures comprehensive care and improves patient outcomes. Nursing interventions play a crucial role in preventing and minimizing complications, managing pain, offering emotional support, and promoting optimal recovery. From the moment of admission to the discharge of the patient, nursing care is essential in all stages of the procedure. The nurse's key responsibilities encompass preoperative preparation, intraoperative assistance in coordinating the surgical process, and postoperative care, which includes pain management, diet advancement, bladder and bowel care, mobility and physical therapy, breathing exercises, wound care, personal hygiene, and monitoring vaginal bleeding. These nursing interventions are critical for the success of the hysterectomy procedure. Furthermore, simulation-based training has proven to be an effective method for enhancing healthcare providers' skills and knowledge. The use of simulation in training vaginal uterine morcellation techniques, for instance, has been particularly beneficial. Residents in training have found simulation-based models to be an excellent introduction to vaginal morcellation, offering an accurate representation of the procedure. Simulation serves as a valuable tool in bridging the gap between theoretical knowledge and hands-on surgical skills, contributing significantly to the preparation of healthcare providers for real-life surgeries [10].

Nursing, Allied Health, and Interprofessional Team Monitoring

Monitoring the patient post-hysterectomy is a vital aspect of ensuring a successful recovery. Several key areas require consistent observation to maintain the patient's health and well-being. Nurses and allied health professionals should focus on monitoring the patient's vital signs to assess stability and identify potential complications early. Additionally, maintaining proper wound hygiene and close monitoring for signs of infection are essential components of postoperative care. Any indication of infection, such as increased redness, swelling, or discharge from the wound site, must be addressed promptly. The nurse should also monitor the patient's level of ambulation, which is crucial for preventing complications such as deep vein thrombosis (DVT) and promoting recovery. In addition, the overall general condition of the patient should be continuously assessed, including both physical and psychological health. Given the emotional and mental toll that a surgical procedure such as a hysterectomy can have, it is equally important to monitor the patient's emotional and mental state. Any signs of anxiety, depression, or emotional distress should be addressed with appropriate interventions, ensuring that the patient feels supported throughout the recovery process. Regular, comprehensive monitoring by the interprofessional team is critical for optimizing recovery and minimizing the risk of complications.

Nursing Care Plans in Hospital and Long Term Care:

Vaginal hysterectomy is a common and important gynecological procedure, often performed for conditions such as uterine fibroids, endometriosis, and malignancies. The nursing care plan for a patient undergoing a vaginal hysterectomy is multifaceted and spans preoperative, intraoperative, and postoperative phases. Effective nursing interventions during these phases are essential for optimal patient outcomes, minimizing complications, and facilitating a smooth recovery process.

Preoperative Nursing Care Plan

The preoperative phase focuses on preparing the patient physically and emotionally for the surgery. A thorough preoperative assessment is the foundation of nursing care, where the nurse evaluates the patient's medical history, including any comorbidities such as hypertension, diabetes, or respiratory issues, as well as any previous surgical experiences. Psychosocial concerns, such as anxiety about the procedure or its potential outcomes, should also be assessed. Addressing these emotional concerns through open

communication can alleviate anxiety and improve the patient's mental preparedness for surgery. It is crucial for the nurse to ensure that the patient is fully informed about the procedure, its risks, and benefits. Education is provided through verbal explanations, written materials, and answering any questions the patient or family members may have. Additionally, the nurse must confirm that the patient understands the preoperative instructions, which may include fasting, medication adjustments, and hygiene protocols. By fostering an environment of trust and providing clear, understandable information, the nurse can reduce anxiety and prepare the patient for a successful surgical experience.

Intraoperative Nursing Care Plan

During the intraoperative phase, the nurse plays an essential role in supporting the surgical team and ensuring patient safety. One of the primary concerns is the maintenance of sterile technique throughout the procedure. The nurse must ensure that all necessary instruments, including diathermy, are prepared and functioning. This preparation is critical to prevent any delays or complications during surgery. Additionally, the nurse is responsible for patient positioning, ensuring that the patient is correctly aligned and insulated to prevent injury from pressure points or thermal sources. The nurse's role also includes monitoring the patient's fluid balance, particularly blood loss, which is a common concern during vaginal hysterectomy. Close monitoring of vital signs, including heart rate, blood pressure, and oxygen saturation, is essential to detect any signs of complications such as hemorrhage or hypotension. The nurse is responsible for ensuring that all equipment, such as the Foley catheter and surgical instruments, are appropriately set up and used. By being vigilant in these responsibilities, the nurse helps maintain an environment of safety and supports the surgical team in achieving the best possible surgical outcome.

Postoperative Nursing Care Plan

The postoperative phase requires vigilant monitoring to identify and address complications promptly. Following a vaginal hysterectomy, the nurse must assess the patient's pain levels and manage discomfort effectively. Pain management is critical during the early postoperative period, and the nurse should administer prescribed analgesics, while also utilizing non-pharmacologic techniques such as repositioning or guided breathing exercises. The nurse should closely monitor the patient's vital signs, including temperature, pulse, blood pressure, and respiratory rate, to detect any early signs of complications such as hemorrhage or infection. One of the nurse's key responsibilities is wound care, including monitoring for signs of infection such as redness, swelling, or discharge. The nurse should clean and dress the wound according to hospital protocols and report any concerns to the surgical team. Another essential intervention is monitoring the patient's bladder and bowel function, particularly if a Foley catheter is in place. Encouraging early mobilization is critical for preventing complications such as deep vein thrombosis (DVT) and promoting the return of normal bowel and bladder function. Alongside physical care, the nurse should provide emotional support to help the patient cope with the physical and emotional challenges of recovery. Addressing the patient's concerns about postoperative pain, body image, and future sexual health is essential for promoting overall well-being.

Long-Term Care Considerations

After the immediate postoperative recovery phase, long-term care becomes an essential part of the recovery process. Patients who have undergone a vaginal hysterectomy may face challenges such as pelvic floor weakness, urinary incontinence, or emotional difficulties related to changes in body image or sexual health. Nurses in long-term care settings or outpatient follow-up visits should provide education on pelvic floor exercises, such as Kegel exercises, to strengthen the pelvic muscles and reduce the risk of pelvic organ prolapse. Providing ongoing support for issues related to urinary incontinence or sexual health is equally important, as these concerns can affect the patient's quality of life. The nurse should also ensure that the patient has scheduled follow-up appointments for continued monitoring, as some complications such as vaginal cuff dehiscence or prolapse may emerge weeks or months after surgery. In addition to these physical concerns, emotional support is vital. Patients may experience a range of feelings, from relief to anxiety, regarding changes in sexual function and fertility. The nurse should provide a non-judgmental space for the patient to express these concerns and offer resources for further counseling or support as needed.

Encouraging the patient to maintain a healthy lifestyle, including regular exercise and a balanced diet, is also an important aspect of long-term recovery. In conclusion, the nursing care plan for a patient undergoing vaginal hysterectomy is comprehensive and involves a holistic approach to care. The nurse's role before, during, and after the procedure is pivotal in ensuring the patient's safety, comfort, and well-being. Effective preoperative education, intraoperative vigilance, and postoperative support are crucial for minimizing complications and promoting optimal recovery. Long-term care considerations, including pelvic health education and emotional support, further contribute to the patient's overall recovery process. Through collaborative care and patient-centered interventions, nurses help facilitate a positive surgical experience and recovery for patients undergoing vaginal hysterectomy.

Conclusion:

Vaginal hysterectomy is recognized as a highly effective, minimally invasive approach for the management of various benign gynecological conditions. Its major advantages, including reduced postoperative pain, quicker recovery times, and lower healthcare costs, make it the preferred surgical option whenever possible. The procedure is particularly beneficial for women with conditions such as uterine fibroids, pelvic organ prolapse, and abnormal uterine bleeding, offering significant symptomatic relief and an enhanced quality of life. The review emphasizes that vaginal hysterectomy should be considered first-line when the patient's clinical condition and anatomical factors allow for its feasibility. While vaginal hysterectomy presents several benefits, the procedure is not without its risks. Potential complications, including urinary and bowel injuries, bleeding, and nerve damage, must be carefully managed. The incidence of these complications can be minimized with appropriate surgical techniques and proper preoperative preparation. Attention to the anatomy, especially in patients with complex pelvic conditions, plays a critical role in reducing the risk of adverse events. Additionally, the importance of a skilled surgical team, including gynecologists, nurses, and anesthesiologists, cannot be overstated. Successful patient outcomes depend heavily on their coordinated efforts throughout the surgery and recovery process. Furthermore, interprofessional collaboration is essential to the overall success of the surgery. Nurses and allied health professionals play crucial roles in preoperative education, intraoperative assistance, and postoperative care. Ensuring that the patient is well-informed, emotionally supported, and carefully monitored throughout their recovery enhances the likelihood of positive outcomes. Simulation-based training for healthcare providers has proven valuable in improving surgical proficiency and reducing risks, particularly in techniques like vaginal morcellation, which can be challenging for novice surgeons. In conclusion, vaginal hysterectomy remains a cornerstone of gynecological surgery, offering numerous advantages over other surgical approaches. The procedure's success is contingent upon careful patient selection, effective surgical techniques, and a collaborative healthcare team committed to patient safety and optimal recovery. With continued advancements in surgical training and techniques, the efficacy and safety of vaginal hysterectomy are expected to further improve, benefiting both patients and healthcare systems.

References:

1. Wright JD, Herzog TJ, Tsui J, Ananth CV, Lewin SN, Lu YS, Neugut AI, Hershman DL. Nationwide trends in the performance of inpatient hysterectomy in the United States. *Obstet Gynecol.* 2013 Aug;122(2 Pt 1):233-241.
2. Dedden SJ, Geomini PMAJ, Huirne JAF, Bongers MY. Vaginal and Laparoscopic hysterectomy as an outpatient procedure: A systematic review. *Eur J Obstet Gynecol Reprod Biol.* 2017 Sep;216:212-223.
3. ACOG Practice Bulletin No. 195: Prevention of Infection After Gynecologic Procedures. *Obstet Gynecol.* 2018 Jun;131(6):e172-e189.
4. Wood C, Maher P, Hill D. Bleeding associated with vaginal hysterectomy. *Aust N Z J Obstet Gynaecol.* 1997 Nov;37(4):457-61.
5. Cavkaytar S, Kokanali MK, Topcu HO, Aksakal OS, Doganay M. Effects of horizontal vs vertical vaginal cuff closure techniques on vagina length after vaginal hysterectomy: a prospective randomized study. *J Minim Invasive Gynecol.* 2014 Sep-Oct;21(5):884-7.
6. Bright TC, Peters PC. Ureteral injuries secondary to operative procedures. Report of 24 cases. *Urology.* 1977 Jan;9(1):22-6.

7. Gilmour DT, Das S, Flowerdew G. Rates of urinary tract injury from gynecologic surgery and the role of intraoperative cystoscopy. *Obstet Gynecol.* 2006 Jun;107(6):1366-72.
8. Sorinola O, Begum R. Prevention and management of ureteric injuries. *Hosp Med.* 2005 Jun;66(6):329-34.
9. Aarts JW, Nieboer TE, Johnson N, Tavender E, Garry R, Mol BW, Kluivers KB. Surgical approach to hysterectomy for benign gynaecological disease. *Cochrane Database Syst Rev.* 2015 Aug 12;2015(8):CD003677.
10. Humes JC, Weir L, Keyser EA, Molina MM. The Dying Art of Vaginal Hysterectomy: A Novel Simulation. *Cureus.* 2019 Dec 12;11(12):e6362.

الاستئصال المهبلي للرحم: مراجعة شاملة لتقنيات الجراحة، المؤشرات، التدخل التمريض، ونتائج المرضى

الملخص:

الخلفية: يعد الاستئصال المهبلي للرحم إجراءً جراحيًا لطيفًا التوغل يُستخدم لإزالة الرحم، خاصة في المرضى الذين يعانون من حالات نسائية حميدة. ويعرف هذا الإجراء بتقديم العديد من المزايا مقارنة بالطرق البديلة مثل الاستئصال البطني واللابروسكوبي، بما في ذلك تقليل الألم، التعافي الأسرع، وانخفاض معدلات المضاعفات. تهدف هذه المراجعة إلى تقييم تقنيات الجراحة، المؤشرات، نتائج المرضى، دور التمريض، والمضاعفات المرتبطة بالاستئصال المهبلي للرحم.

الهدف: الهدف الرئيسي من هذه المراجعة هو تقديم نظرة شاملة للاستئصال المهبلي للرحم، مع تسليط الضوء على تقنياته، مؤشرات استخدامه، دور التمريض، ونتائجه السريرية. كما يتم فحص المضاعفات والدور الحيوي للفرق الصحية في تحسين تعافي المرضى .

الطرق: تم إجراء مراجعة شاملة للأدبيات، حيث تم تحليل طرق الجراحة المختلفة لاستئصال الرحم، مع التركيز على الاستئصال المهبلي. شملت هذه المراجعة استعراض الإرشادات السريرية، دراسات الحالات، والأبحاث الحالية المتعلقة بنتائج المرضى، المضاعفات، والرعاية ما بعد الجراحة.

النتائج: يُعد الاستئصال المهبلي للرحم فعالاً في علاج الحالات النسائية الحميدة مثل الأورام الليفية في الرحم، ألم الحوض، والتزيف غير الطبيعي. الإجراء له مضاعفات أقل مقارنة بالاستئصال البطني، مع مزايا تشمل تقليل الانزعاج بعد الجراحة، انخفاض التكاليف، وتعافي أسرع. ومع ذلك، تشمل المضاعفات المحتملة إصابات في المسالك البولية والأمعاء، التزيف، وتلف الأعصاب، خصوصاً في المرضى الذين لديهم تشريح حوضي معقد. يلعب مقدمو الرعاية الصحية دوراً كبيراً في ضمان نجاح الإجراء من خلال الاستشارة قبل الجراحة، الجراحة الماهرة، والرعاية بعد الجراحة.

الخلاصة: يعد الاستئصال المهبلي للرحم نهجاً جراحياً مفضلاً للكثير من الحالات النسائية الحميدة، حيث يوفر فوائد كبيرة من حيث التعافي ونتائج المرضى. إن اختيار المرضى المناسبين، التقنية الجراحية، والتعاون بين المهنيين الصحيين هي العوامل الرئيسية لتقليل المضاعفات وضمان التعافي الأمثل.

الكلمات المفتاحية: الاستئصال المهبلي للرحم، تقنيات الجراحة، نتائج المرضى، الجراحة النسائية، المضاعفات، الرعاية ما بعد الجراحة، الفريق الصحي.