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ABSTRACT BOOK



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Sociodemographic and Operative Characteristics of Hysterectomy Surgical Approaches: An Eight-Year Study at a University Hospital

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ABSTRACT

Introduction: Hysterectomy surgical approach selection significantly influences perioperative outcomes and complication rates. This study aimed to characterise sociodemographic profiles, operative parameters, and complications across different hysterectomy techniques to guide evidence-based surgical decision-making. **Materials and methods:** A retrospective descriptive analysis of 379 hysterectomy cases performed over eight years at a University Hospital was conducted. Cases were stratified by surgical approach: abdominal (n = 229), vaginal (n = 89), and laparoscopic (n = 61). Variables analysed included patient demographics, indications, operative characteristics, and complications. Statistical comparisons employed Kruskal-Wallis H test for continuous variables and chi-square or Fisher's exact tests for categorical data. **Results:** Significant differences emerged across approaches. Vaginal hysterectomy patients were older (median 68 years) with higher parity (median 5), while laparoscopic patients were youngest (median 48 years). Abdominal approach demonstrated highest blood loss (median 700 ml, $p < 0.001$) and longest hospital stay (median 4 days, $p < 0.001$), with 34.5% requiring transfusion versus 3.4% vaginal and 1.6% laparoscopic ($p < 0.001$). Vaginal hysterectomy exhibited significantly higher acute urinary retention rates (23.6%, $p < 0.001$). Fibroids predominated as indication for abdominal (38%) and laparoscopic (52.5%) approaches. **Conclusion:** Abdominal hysterectomy, despite higher morbidity and resource utilisation, remains necessary for complex pathology. Vaginal and laparoscopic approaches demonstrate superior perioperative outcomes with reduced blood loss and hospital stay, supporting their preference when clinically appropriate. Approach selection should balance pathology complexity, surgeon expertise, and patient factors.

Keywords: Complications; hysterectomy; patient demographics; perioperative outcomes; surgical approaches