Tracheectomy Indications, Complications Studied

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RANCHO MIJAS, CALIF.—Reviewed interest in performing supracervical rather than total hysterectomies in the past 2 decades means some of these women will need tracheectomy or cervical stump re- moval at some point in the future.

To better understand the indications for tracheectomy and its potential complications, Wesley Hilger, M.D., and his asso-
ciates at the Mayo Clinic, Scottsdale, Ariz. reviewed 310 tracheectomies performed at the clinic from 1974 to 2003.

Prolapse was the predominant reason for tracheectomy, particularly in 302 patients who underwent vaginal tracheectomy. A pelvic mass was the most common reason for abdominal tracheectomy, as seen at the annual meeting of the Society of Gynecologic Surgeons.

The study found low rates of complications, especially in the vaginal tracheectomy: “When only tracheectomy was performed,” without concomitant procedures, “complications were almost nonex- istent,” he said.

Half of the tracheectomies in the series were performed in the first of the 3 decades studied. Historically, 95% of hys-
terectomies performed before the 1950s were supracervical procedures, due to the lack of antibiotics and anesthetics, Dr. Hilger noted. Starting in the 1950s, sur-
genists shifted to total hysterectomies, which the new drugs made safer to perform. By the late 1970s and 1980s, how-
ever, some began to question whether re.

taining the cervix might help maintain sexual and bladder functions, prevent pro-
lapse, and reduce surgical morbidity. The rate of supracervical hysterectomies in- creased from 0.7% to 2% of U.S. hys-

“Whether one approach is superior to another is still debated. What we know is that if someone undergoes a supracervi-
cal hysterectomy, the cervix may need to be removed in the future. If the supracervi-
cal hysterectomy rates continue to rise, we may see an increase in the number of tracheectomies in the future,” he said.

The 108 patients who underwent ab-
dominal tracheectomy were younger than the vaginal tracheectomy group (58 vs. 67 years), lost more blood during surgery (606 cc vs. 193 cc), and were hospital-
ized longer (8 days vs. 3 days, respectively). The time be- tween hysterec-
tomy and tra-
cheectomy was significantly shorter in the abdominal tra-
cheectomy group (mean 19 years, compared with 30 years after vaginal tracheectomy.

“The third most common indication after proplase or pelvic mass was cervical dysplasia or cancer. The interval between tracheectomy and dysplasia or cancer averaged 21 years, com-
pared with a 31-year interval for tracheectomy performed due to proplase.

Because so much time passes between the surgeries, physicians who perform supracervical hysterectomies are unlikely to be the ones performing tracheectomies in the same patients, Dr. Hilger noted.

Blinding was the indication for trache-
ectomy in 9% of patients. Patients who are contemplating a supracervical hys-
terectomy should be counseled that cyclic or even nonycyclic bleeding may persist and may necessitate another procedure," said Dr. Stephen B. Young, who discussed the study following Dr. Hilger’s presentation.

Patients also should be counseled about a risk for developing cancer in the cervical stump after supracervical hysterectomy, added Dr. Young of the University of Massachusetts, Worcester.

Histologic analysis of the cervical stumps reviewed in the study found that 5% had cervical cancer, 6% had dysplasia, 1% had adenocarcinoma, 1% had fibroids, 32% were normal, 53% had cervicitis that was not considered clinically significant, and 2% had endometrial hyperplasia.

No postoperative complications were seen in 80% of vaginal tracheectomies and 57% of abdominal procedures. Infections developed in 7% of vaginal cases and 13% of the abdominal group, and urinary retention in 6% and 8% of vaginal and ab-
dominal tracheectomies, respectively.