Laparoscopic supracervical hysterectomy compared with second-generation endometrial ablation for heavy menstrual bleeding: the HEALTH RCT

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Plain English summary

The HEALTH RCT

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Plain English summary

Almost 1.5 million women in England and Wales suffer from heavy periods. Initial treatment involves tablets or a medicated coil inserted within the womb. Sometimes these treatments do not work and many women need an operation, either endometrial ablation (EA) (removing the lining of the womb) or a full hysterectomy (complete removal of the womb). Previous studies have shown that a full hysterectomy is better at relieving symptoms, but the risk of complications during surgery is higher and patients take longer to recover fully.

A newer operation, laparoscopic (keyhole) supracervical hysterectomy, or 'LASH', removes only the part of the womb that causes periods and preserves the cervix or neck of the womb. Women who have LASH can expect fewer complications, earlier discharge from hospital and quicker recovery time.

In this study, we compared EA with LASH by asking women who had either procedure how they felt about it 1 year after their operation.

Regardless of which operation they had, most women were very satisfied and felt that their symptoms were better. However, the results were much better for those who had the LASH operation, although these women stayed in hospital for longer and took more time to recover. There was no difference in complications from either surgery, although nearly 1 in 20 women who had an EA returned within 1 year to have their wombs removed in a second operation.

Although LASH led to a greater improvement in symptoms and levels of satisfaction, it was more expensive in terms of costs incurred by both the health service and society. Given that some women who had an EA are likely to need a second operation in the future, LASH surgery may provide better value for money in the long term.

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This report

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