Response to the “Comment on the New DGGG AWMF S3-Guideline on Hysterectomy, or a Plea for LAVH as the Gold Standard for Total Hysterectomy Procedures” by Prof. Rudy Leon De Wilde

Stellungnahme zum „Kommentar zu der neuen DGGG-AWMF-S3-Leitlinie ‘Hysterektomie’ oder ein Plädoyer für die LAVH als Goldstandard bei der totalen Hysterektomie“ von Prof. Rudy Leon de Wilde

I would like to thank Prof. De Wilde for his comment. We particularly appreciate his congratulatory remarks about our work and I would like to take this opportunity to pass on his compliments to all the other members of the Guideline Development Group who voluntarily dedicated so much of their time to bring the task to fruition. I would also like to thank Prof. Kreienberg for suggesting the guideline and thank the board of the DGGG for their decision to ask an external panel to review the guideline (which had already been completed at the end of 2012) and – because of the significance of the guideline for healthcare policies – to commission an evidence report. The fact that we were able to recruit Dr. M. Nothacker with her extensive knowledge of both methodology and gynecology can only be described as a stroke of luck.

There is a general consensus worldwide that, where possible, preference should be given to vaginal hysterectomies over abdominal hysterectomies. If this is not possible, one of 3 laparoscopic methods should be used to avoid having to perform an abdominal hysterectomy [1–3].

In Germany, Austria and Switzerland, this problem was well on the way to being resolved even as work on the guideline was still underway. While in most countries the percentage of abdominal hysterectomies performed in 2012 was still over 50%, the figure for Austria was just 28.0% [4] while for Switzerland it stood at 23.9% [5] and in Germany it was a mere 15.7% [6]. The latter figure is the lowest rate for abdominal hysterectomies ever reported as a national statistic, which is also associated with very low rates of complications when performed by experienced surgeons [14].

From a subjective point of view and based on my personal clinical and scientific development I, like Prof. De Wilde, would still favor LAVH over other laparoscopic surgical techniques, but I do believe that there are enough arguments highlighting the equivalent benefits of LASH or TLH, both of which are also associated with very low rates of complications when performed by experienced surgeons [14]. To ensure that all women receive optimal care and that every woman everywhere is offered the surgical method most appropriate...
to her circumstances, the full range of hysterectomy procedures must be mastered and taught across the whole country. That is the only way the above-mentioned, globally unique outcomes were achieved.

The largest group of authors involved in compilation of the guideline were from the Gynecologic Endoscopy Working Group (AGE e.V.). This was because the Working Group has not only focused on developing minimally invasive hysterectomy procedures but is also working to develop alternative organ-preserving surgical procedures in Germany and Europe and has significantly contributed to the dissemination of these techniques. This ensured that the guideline did not only focus on hysterectomy procedures but also included detailed descriptions of alternative procedures and carefully reviewed the evidence for both types of approaches. Algorithms were developed to provide support to patients and physicians in their search for the optimal approach in each individual case; the algorithms addressed the most important indications: myomatous uterus, bleeding disorders and endometriosis. These algorithms allow patients to see at a glance how many different possibilities to alleviate her symptoms there are and should enable her, together with her doctor, to find the approach which is most suitable for her in her current circumstances. The efforts taken to ensure that patients are actively involved in the decision-making process run like a common thread through the guideline.

In the last 10–15 years, the number of hysterectomies has continually dropped both in Germany and worldwide. It appears that the alternative organ-preserving methods we developed and disseminated are beginning to take hold. But this still needs to be substantiated. In 2013 hysterectomy procedures were removed from quality assurance standards because the endpoints had been met. A fresh approach will now be necessary which will set out cross-sectoral quality standards for hysterectomy procedures including alternative procedures.

The guideline presented here is a description of what is currently useful and possible; it is, so to speak, a prelude which aims to outline were we stand today and where we are going. The emphasis is on developing minimally invasive hysterectomy procedures but also on developing alternative organ-preserving surgical procedures.

**Conflict of Interest**

Klaus J. Neis is scientific director of the European Training Center for Gynecologic Endoscopy and Surgery (ETC), the ETC is supported by Karl Storz and Erbe.

**References**

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