



Obstetrics & Gynecology

Volume 95, Issue 2, February 2000, Pages 199-205

Original Articles

The appropriateness of recommendations for hysterectomy 1 2

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[https://doi.org/10.1016/S0029-7844\(99\)00519-0](https://doi.org/10.1016/S0029-7844(99)00519-0)

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Abstract

Objective: To evaluate the appropriateness of recommendations for hysterectomies done for nonemergency and nononcologic indications.

Methods: We assessed the appropriateness of recommendations for hysterectomy for 497 women who had the operation between August 1993 and July 1995 in one of nine capitated medical groups in Southern California. Appropriateness was assessed using two sets of criteria, the first developed by a multispecialty expert physician panel using the RAND/University of Californiaâ€“Los Angeles appropriateness method, and the second consisting of the ACOG criteria sets for hysterectomies. The main outcome measure was the appropriateness of recommendation for hysterectomy, based on expert panel ratings and ACOG criteria sets.

Results: The most common indications for hysterectomy were leiomyomata (60% of hysterectomies), pelvic relaxation (11%), pain (9%), and bleeding (8%). Three hundred sixty-seven (70%) of the hysterectomies did not meet the level of care recommended by the expert panel and were judged to be recommended inappropriately. ACOG criteria sets were applicable to 71 women, and 54 (76%) did not meet ACOG criteria for hysterectomy. The most common reasons recommendations for hysterectomies considered inappropriate were lack of adequate diagnostic evaluation and failure to try alternative treatments before hysterectomy.

Conclusion: Hysterectomy is often recommended for indications judged inappropriate. Patients and physicians should work together to ensure that proper diagnostic evaluation has been done and appropriate treatments considered before hysterectomy is recommended.



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[†] Funded in part by grant no. R18HS07095 from the Agency for Health Care Policy and Research, and in part by the Robert Wood Johnson Clinical Scholars Program.

¹ The views expressed herein are those of the authors and do not necessarily reflect those of the Agency for Health Care Policy and Research or the Robert Wood Johnson Foundation.

² The authors thank the members of the expert panel (Bruce Bagley, Constance Bohon, Vivian Dickerson, Karen Freund, Joseph Gambone, Frank Ling, Anne Moulton, Herbert Peterson, and Marian Swinker) for their assistance in developing the ratings, and Stanley Zinberg of ACOG for assistance with revising the criteria.

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