

TITLE: Surgical Treatment of Endometriosis: A 7-Year Follow-up on the Requirement for Further Surgery

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OBJECTIVE: To investigate the need for further surgery after laparoscopic excision of endometriosis or hysterectomy.

METHODS: In this retrospective study, women who had surgery for endometriosis-associated pain at the Cleveland Clinic were assessed for requirement for subsequent surgery. One hundred twenty patients who underwent hysterectomy with or without oophorectomy for endometriosis and 120 patients who had laparoscopic excision of their endometriotic lesions only (local excision group) formed the study population. Estimates of reoperation-free survival at 2, 5, and 7 years were calculated using Kaplan-Meier methods, and estimates of risk (hazard ratios) were computed using Cox proportional hazards models. A significance level of .05 was assumed for all tests.

RESULTS: (Table extracted from results data)

Procedure	Surgery-Free Time		
	2 Years	5 Years	7 Years
Excision only	79.4%	53.3%	44.6%
Hysterectomy	95.7%	86.6%	77.0%
Hysterectomy + Oophorectomy	96.0%	91.7%	91.7%

However, in women between 30 and 39 years of age, removal of the ovaries did not significantly improve the surgery-free time.

CONCLUSION: Local excision of endometriosis is associated with good short-term outcomes but, on long-term follow-up, has a high reoperation rate. Hysterectomy is associated with a low reoperation rate. Preservation of the ovaries at the time of hysterectomy remains a viable option.

LEVEL OF EVIDENCE: II

SUGGESTED READING:

Research Info #3, #4 and #5 on Oophorectomy (*Insight Endometriosis – available on the website*)

For more information:
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