**Teaching to the Texts**

**Te Linde’s Chapter 31: Leiomyomata Uteri and Myomectomy & Chapter 32: Hysterectomy**

CREOG Educational Objectives

1. Be able to understand & perform
   1. Abdominal total or supracervical hysterectomy
   2. Laparoscopic total or supracervical hysterectomy
   3. Vaginal hysterectomy
   4. Laparoscopic-assisted vaginal hysterectomy
   5. Robotic hysterectomy (understand only)
   6. Hysteroscopic submucosal fibroid resection
2. Understand the difference between extrafascial and radical hysterectomy
3. Perform pertinent history and evaluation, including diagnostic procedures, consult subspecialists when appropriate, counsel, and manage medically and surgically:
   1. Uterine leiomyomas

Practice Questions

1. A physician is performing a laparoscopy-assisted vaginal hysterectomy on a 52-year-old woman with endometriosis. Her BMI is 31, and she has no prior surgeries or significant medical history. She is concerned about abdominal organ damage at time of trocar placement. Which of the following techniques has been shown to be superior for abdominal entry on laparoscopic gynecologic surgical cases?
   1. Open (Hassan)
   2. Single incision laparoscopic surgery
   3. Veress needle
   4. Veress needle at Palmer’s Point
   5. No superior method has been identified

From: TrueLearn

1. A 58-year-old G3P3 woman presents with a complaint of pelvic pain and pressure for the last 6 months. She reports no relief with oral NSAIDs. Her surgical history is pertinent for a bilateral tubal ligation. Her medical history is significant for migraines with aura. Transvaginal ultrasonography reveals large uterine fibroids distorting the cavity. Her stripe measured 3 mm. What is the next BEST step in her management?
   1. Levonorgestrel IUD
   2. Hysterectomy
   3. Elagolix
   4. Hysteroscopic resection
   5. Uterine artery embolization

From: TrueLearn

1. A 38 y.o. G2P2 presents with a 3 year history of dysmenorrhea worsening since the birth of her previous child. She has attempted NSAIDs and OCPs with minimal relief. She declines LARC. She would like to discuss hysterectomy. Her OB history includes a cesarean delivery for breech presentation and a VBAC. She has had a laparoscopic appendectomy. Her BMI is 26. Pelvic exam reveals a small, mobile, anteverted uterus. Based on these findings, the best route of hysterectomy for this patient is
   1. Abdominal
   2. Laparoscopic
   3. Robot-assisted
   4. Single-port laparoscopic
   5. Vaginal

From: Gynecology and Surgery Prologs, 8th Ed, Question 42

High-Yield Associated Resources

1. ACOG Practice Bulletin 228: [Management of Symptomatic Uterine Leiomyomas](https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2021/06/management-of-symptomatic-uterine-leiomyomas)
2. ACOG Committee Opinion 701: [Choosing the Route of Hysterectomy for Benign Disease](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/06/choosing-the-route-of-hysterectomy-for-benign-disease)
3. UpToDate: [Choosing a route of hysterectomy for benign uterine disease](https://www.uptodate.com/contents/choosing-a-route-of-hysterectomy-for-benign-uterine-disease?search=hysterectomy&source=search_result&selectedTitle=3%7E150&usage_type=default&display_rank=3)
4. CREOGs Over Coffee Episode 81: Fibroids
5. AAGL SurgeryU Videos
6. Pearls of Exxcellence: [Management of Women with Multiple Fibroids who are Attempting Pregnancy](https://www.exxcellence.org/list-of-pearls/management-of-women-with-multiple-fibroids-who-are-attempting-pregnancy/?categoryName=&searchTerms=lei&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending)

Answers: 1-e, 2-b, 3-e