



Z.S.O.G

ZIMBABWE SOCIETY OF OBSTETRICIANS & GYNAECOLOGISTS

Pioneering advanced gynaecological surgical approaches in a resource-limited environment. The status of vNOTES hysterectomy in Harare. An update from the Transabdominal Surgical Outcome vs vNOTES Outcome (TSONO) consortium.

**S NGWARU
F CHAMUNONGA
C GWANZURA
E MACKENZIE**



OUTLINE

- Objectives
- History of vaginal hysterectomy
- Our experience
- Results
- Lessons learned

- **Objectives**

1. To describe the training methods on vNOTES hysterectomy applied in Harare, Zimbabwe, a resource-limited setting.
2. To describe the impact the training had on surgical procedures and their outcomes.

- ***History of vaginal hysterectomy.***
 - Second most common surgery done by OAG
 - Recorded since 120 AD
 - 1st planned case in 1813
 - 1st TAH 1843
 - Decline in VH over TLH



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Cochrane Library

Cochrane Database of Systematic Reviews

Surgical approach to hysterectomy for benign gynaecological disease (Review)

Pickett CM, Seeratan DD, Mol BWJ, Nieboer TE, Johnson N, Bonestroo T, Aarts JWM

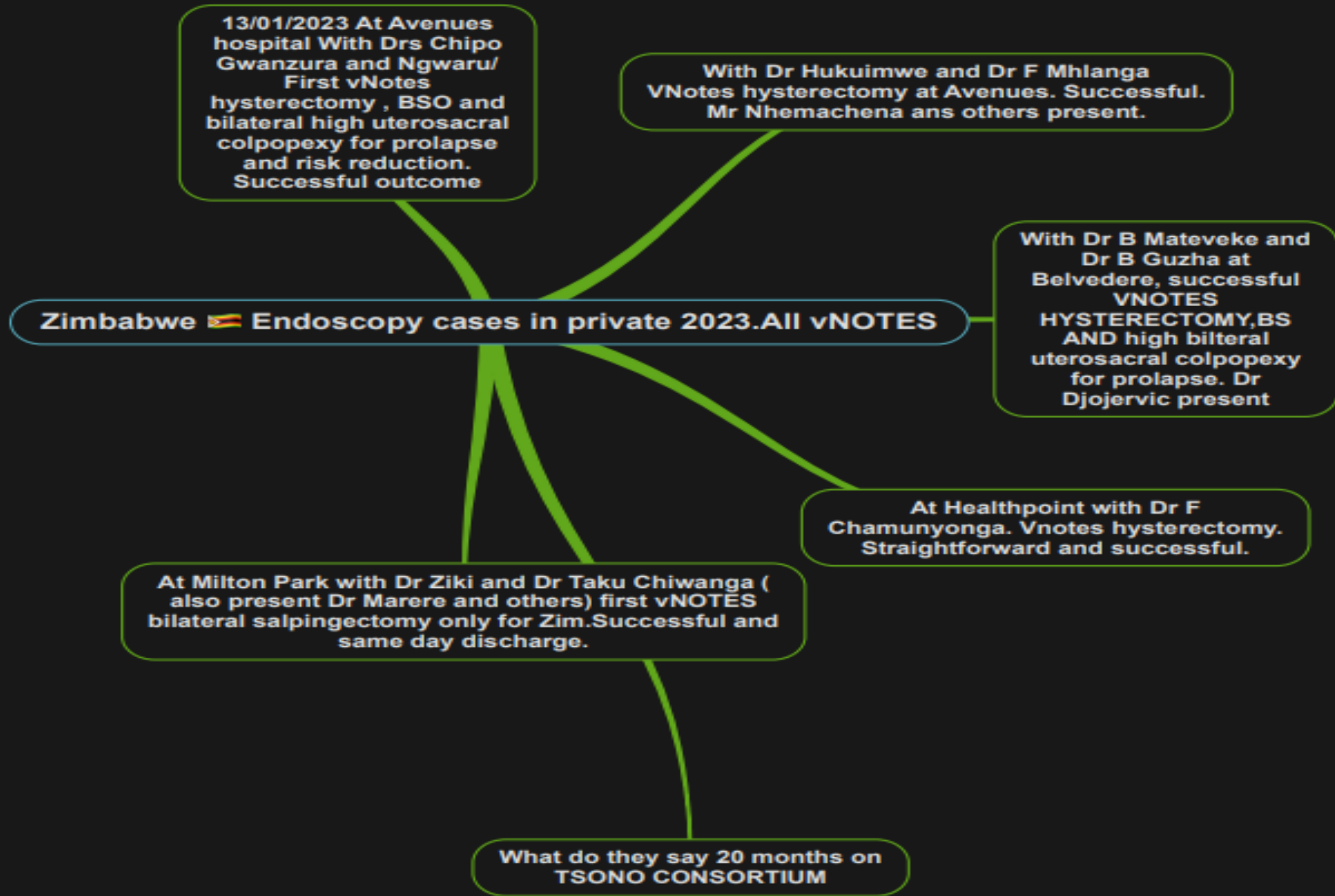
- VH superior to TLH
 - shorter operative time,
 - lower risk of urinary tract injuries and
 - faster return to normal activities
 - lower costs.
- Challenges of VH
 - poor visualisation
 - limited space for manipulation
 - non descend uterus
 - adhesions.

Vaginal Natural Orifice Transluminal Endoscopic Surgery Hysterectomy (vNOTES-H)

- using natural orifices of the body as surgical channels for endoscopy is a new development (NOTES) in minimally invasive surgery.
- Safely performing a vNOTES-H requires training, usually done in workshops during international symposiums.
 - Dry box training
 - Simulation
 - Expensive and time consuming
- Harare (2023) there was none trained in vNOTES-H
- No vNOTES –H cases in Harare.
- The concept was introduced in a CME seminar at the end of 2022.
- Live surgery.... No one knew what was happening

- Local surgeons viewed vNOTES on website
 - Websurg
 - Youtube
 - ISGE
 - Endo Dubai
 - ESGE etc
- No local training was available

- January 2023
 - Harare laparoscopy surgical camp.
 - The first case – The Avenues Clinic
 - Surgeon – Dr Mackenzie, Dr Gwanzura, Dr Ngwaru
 - vNOTES hys, BSO plus uterosacral ligament suspension
 - The structures were easily identified, and the patient went home without complications
 - Six vNOTES-H cases done

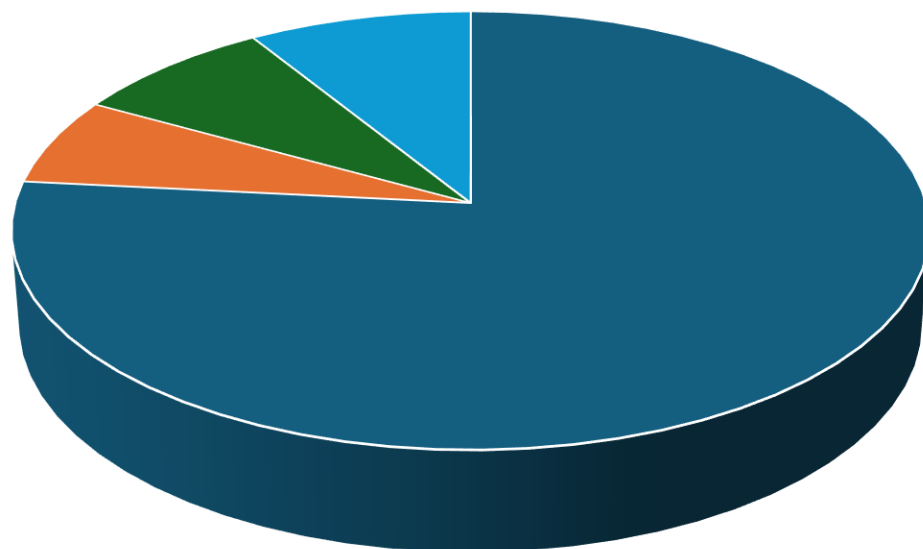


20 months later

	Total Hys		TLH	VH	vNOTES-H
Hospital A	124	95	8	10	11
Hospital B	139	94	18	20	7
Combined hospitals	263	189	26	30	18

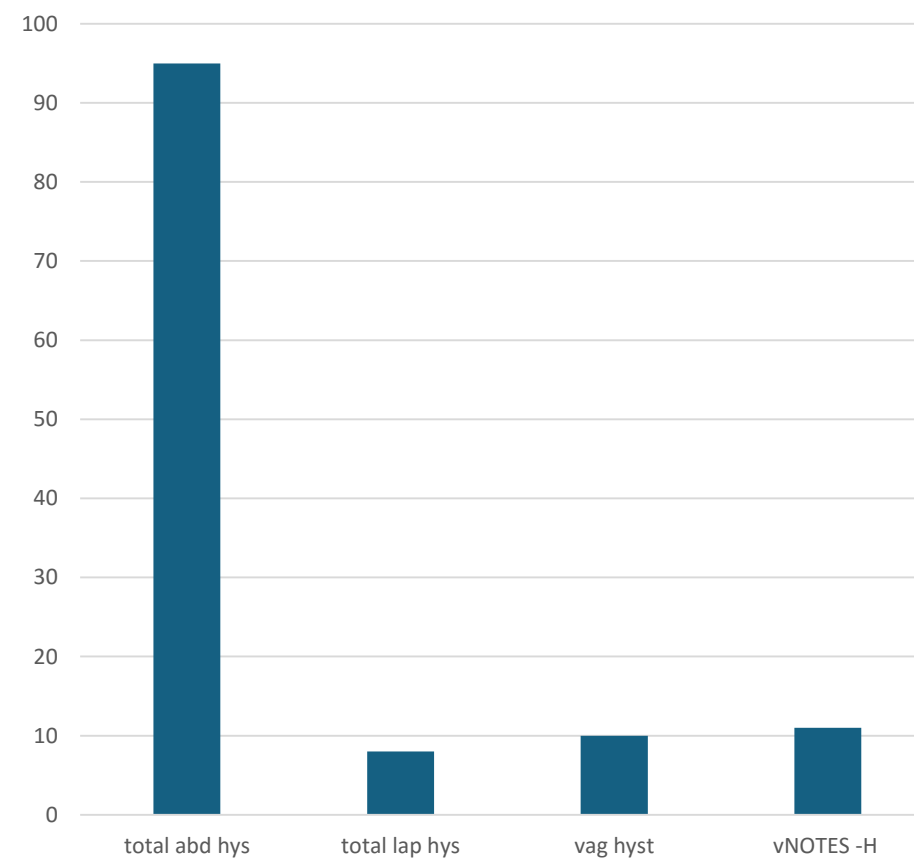
Hospital A

Hospital A

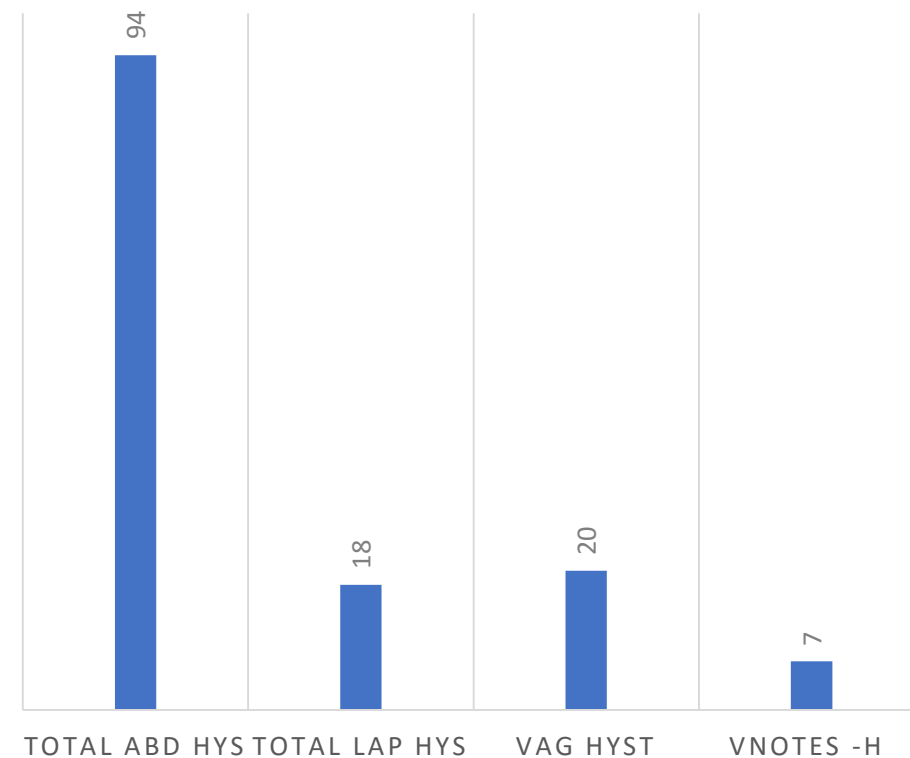
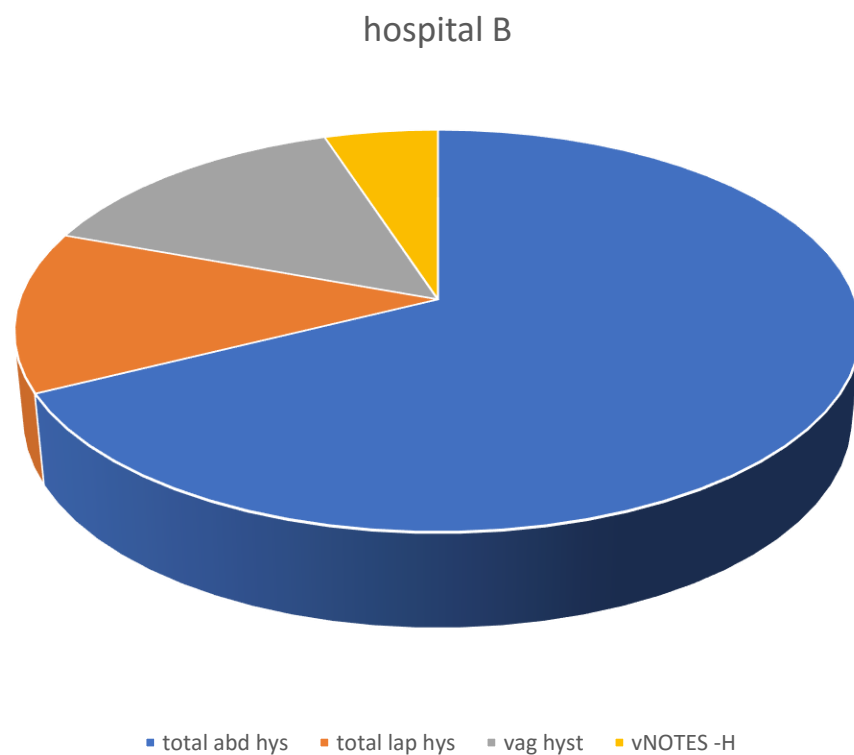


■ total abd hys ■ total lap hys ■ vag hyst ■ vNOTES -H

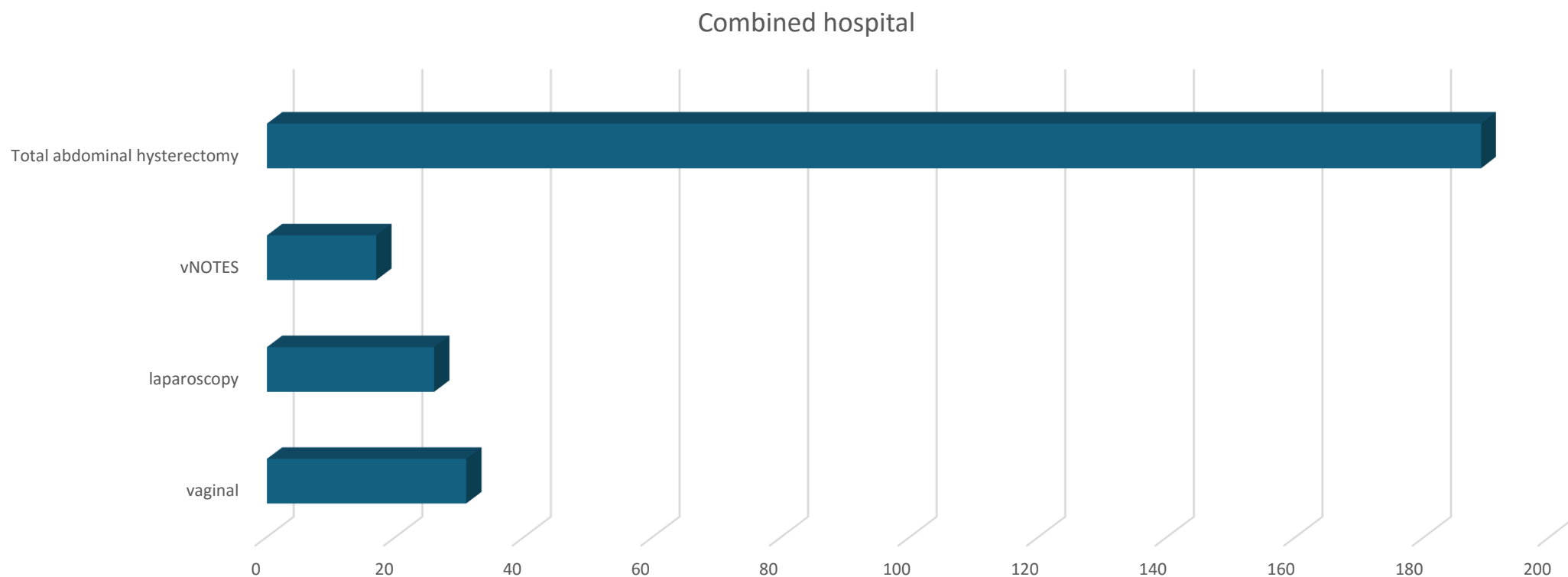
hospital A



Hospital B



Combined hospitals



- In 2024
 - Most cases are TAH.
 - Minimally invasive surgery is not the preferred route (VH, TLH, vNOTES)
 - Causes? Time, surgeon preference, skills, woman's choice, remuneration etc?
 - 20 months after training total of 17 vNOTES-H have been done.
 - More vaginal hys compared to lap hys.



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Total	17
Converted	
• Laparoscopy	0
• Laparotomy	0
• vaginal	2
complications	Equipment failure
Blood loss	150ml
Duration of surgery	Range 90- 160 mins
Days of hospital stay	Shortest 12hrs to 48 hours

Discussion and conclusion

- Vaginal hysterectomy for benign indications is the preferred route.
- VH in Harare are barely done due to a variety of reasons
- Teaching vNOTES to surgeons on 1v1 can be done during camp.
- The learning curve of vNOTE – H is not as steep as TLH
- vNOTES –H has the potential to surpass TLH (# are comparable to TLH)
- vNOTES –H has the potential to increase VH and should be part of Mmed training

References

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- Wu MP, Huang KH, Long CY, Tsai EM, Tang CH. Trends in various types of surgery for hysterectomy and distribution by patient age, surgeon age, and hospital accreditation: 10-year population-based study in Taiwan. Journal of minimally invasive gynecology. 2010 Sep 1;17(5):612-9.
- Pickett CM, Seeratan DD, Mol BW, Nieboer TE, Johnson N, Bonestroo T, Aarts JW. Surgical approach to hysterectomy for benign gynaecological disease. Cochrane Database of Systematic Reviews. 2023(8).

THANK YOU

Stanley Ngwaru
sngwaru@gmail.com