NHS
National Institute for Health and Clinical Excellence

Understanding NICE guidance

Information for people who use NHS services

Treating endometrial cancer with keyhole hysterectomy

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how keyhole hysterectomy can be used in the NHS to treat people with endometrial cancer. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe endometrial cancer or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

Information about NICE interventional procedure guidance 356
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What has NICE said?

Keyhole hysterectomy can be offered routinely for women with endometrial cancer, provided that doctors are sure that:

- the woman understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

A healthcare team who are experienced in the management of endometrial cancer (a gynaecological oncology team) should decide which patients should have this procedure.

NICE has also said that special skills in keyhole surgery are needed, and that doctors should undergo a programme of special training and support before they can perform this procedure.

Studies that report on long-term cancer recurrence and survival following keyhole hysterectomy for endometrial cancer would be helpful.

Keyhole hysterectomy for endometrial cancer

This procedure may not be the only possible treatment for endometrial cancer. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

The medical name for this procedure is 'laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer'.

The procedure is not described in detail here – please talk to your specialist for a full description.

Endometrial cancer is cancer of the lining of the womb (also called the uterus). It is usually treated by hysterectomy, which is the surgical removal of the uterus. Radiotherapy, hormone therapy and chemotherapy may also be used.

Conventional (open) hysterectomy is performed through an incision in the abdomen or the vagina, under a general anaesthetic.

Keyhole hysterectomy is performed through small incisions made in the abdomen, under a general anaesthetic. Special surgical instruments are inserted through the incisions, and the operation is carried out with the aid of an internal telescope and camera system. The uterus is removed through the vagina and other tissues (sometimes including lymph nodes) may be removed through the vagina or through the small incisions in the abdomen.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at 1 review of 5 studies and 5 further studies on this procedure.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks keyhole hysterectomy is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve and what are the benefits?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- What are the risks of the procedure and are there alternatives?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

How well does the procedure work?

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

An analysis of 3 studies including 359 women with endometrial cancer found a similar number of women survived cancer-free up to 3 years later after keyhole and open hysterectomy. Of women who had keyhole hysterectomy, 92% (169 out of 184 women) were alive up to 3 years later, and 88% were free of cancer, whereas 88% (154 out of 175 women) who had open hysterectomy survived and were cancer-free up to 3 years later. A study of 309 women found that 98% of women who had either keyhole or open hysterectomy were alive 5 years later, and the cancer did not get worse in 96% of women who had keyhole hysterectomy and in 97% of those who had open hysterectomy.

In 2 studies, the average hospital stay was shorter after keyhole hysterectomy compared with open hysterectomy. In a study of 2616 women, 94% of those who had open hysterectomy stayed in hospital for more than 2 days, compared with 52% of women who had the keyhole procedure.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that key success factors include survival, reduced rate of cancer recurrence, improved quality of life, and reduced duration of the operation and hospital stay.

Risks and possible problems

In 6 studies, 464 out of 2313 women who started off having the keyhole procedure ended up having open surgery.

The study of 2616 women and the review of 5 studies found a similar rate of problems during keyhole and open hysterectomy. However, fewer women had problems after the keyhole procedure (15% of 1840 women) compared with the open procedure (23% of 1064 women).

In studies of 2616 and 309 women, problems during keyhole hysterectomy included bowel injury in 38 women, injury to blood vessels in 77 women, bladder injury in 23 women and damage to the ureter (the tube that carries urine from the kidney to the bladder) in 15 women out of a total of 1847 who had the procedure.

In the study of 309 women, abscess (a collection of pus caused by infection) within the abdomen was reported in 4 out of 165 women who had keyhole hysterectomy and 8 out of 144 who had open hysterectomy. Bladder problems were reported in 1 patient in each group.

A study of 84 women reported that 1 woman had a recurrence of cancer at one of the incision sites to the abdomen after the keyhole procedure.

As well as looking at these studies, NICE also asked expert advisers for their views. They said that problems reported in studies included changing to open hysterectomy after starting the keyhole procedure, damage to the abdomen or pelvis, breathing difficulties, and bulging of tissue (herniation) and cancer at the site of incision. Possible problems could include the vaginal wound reopening.

More information about endometrial cancer

NHS Choices (**www.nhs.uk**) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on endometrial cancer, visit our website at **www.nice.org.uk**

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see **www.nice.org.uk/aboutguidance**

This leaflet is about 'laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer'. This leaflet and the full guidance aimed at healthcare professionals are available at **www.nice.org.uk/guidance/IPG356**

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2296). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

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