



Research Article

Total Vaginal Hysterectomy: A Minimally Invasive Vaginal Approach for the Management of Benign Gynecological Disorders

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Abstract

Background: Total Vaginal Hysterectomy (TVH) is a well-established surgical procedure involving the removal of the uterus and cervix through the vaginal canal without the need for abdominal incisions. It is considered one of the least invasive hysterectomy techniques and is frequently employed in the management of benign gynecological conditions such as uterine prolapse, abnormal uterine bleeding, leiomyomas, adenomyosis, and chronic pelvic pain.

Objective: This article reviews the indications, surgical technique, advantages, limitations, postoperative care, complications, and clinical outcomes associated with Total Vaginal Hysterectomy

Methods: A comprehensive review of current literature and clinical practices was conducted to evaluate the role of TVH in modern gynecological surgery.

Results: TVH demonstrates superior outcomes in terms of reduced operative trauma, shorter hospital stay, lower postoperative pain, faster recovery, and decreased healthcare costs when compared with abdominal hysterectomy. Appropriate patient selection and surgical expertise are crucial for achieving optimal outcomes. Although complications such as hemorrhage, urinary tract injury, and infection may occur, their incidence remains relatively low.

Conclusion: Total Vaginal Hysterectomy remains the preferred route of hysterectomy for eligible patients with benign gynecological conditions. Advances in surgical techniques and perioperative management continue to enhance its safety and effectiveness, making it a cornerstone of minimally invasive gynecologic surgery.

Introduction

Hysterectomy is one of the most commonly performed gynecological procedures worldwide. Depending on the clinical indication and patient characteristics, hysterectomy may be performed through abdominal, laparoscopic, robotic-assisted, or vaginal approaches. Among these techniques, Total Vaginal Hysterectomy (TVH) is recognized as a minimally invasive procedure that offers numerous benefits to patients.

TVH involves the complete removal of the uterus and cervix through the vaginal route without creating abdominal incisions. Since its introduction, the procedure has evolved significantly and is now regarded as the preferred surgical approach whenever feasible, particularly for benign gynecological diseases.

Indications for Total Vaginal Hysterectomy

TVH is commonly indicated for:

1. Uterine Prolapse

Pelvic organ prolapse remains the most frequent indication for vaginal hysterectomy.

2. Abnormal Uterine Bleeding

Patients with persistent bleeding unresponsive to medical management may benefit from TVH.

3. Uterine Fibroids

Small-to-moderate-sized fibroids causing symptoms such as menorrhagia or pelvic pressure can be managed vaginally.

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4. Adenomyosis

Chronic pelvic pain and heavy menstrual bleeding resulting from adenomyosis may warrant hysterectomy.

5. Endometrial Hyperplasia

Selected cases without malignancy may be treated using TVH.

6. Chronic Pelvic Pain

When conservative treatments fail and a uterine origin is suspected, TVH may be considered

Preoperative Evaluation

Comprehensive preoperative assessment includes

Clinical Assessment

- Detailed medical history
- Pelvic examination
- Assessment of uterine size and mobility

Laboratory Investigations

- Complete blood count
- Coagulation profile
- Renal function tests
- Blood grouping and cross-matching

Imaging

- Pelvic ultrasonography
- Magnetic resonance imaging (when indicated)

Patient Counseling

Patients should be informed regarding:

- Surgical procedure
- Potential complications
- Recovery expectations
- Alternative treatment options

Conclusion

Total Vaginal Hysterectomy is a safe, effective, and minimally invasive surgical procedure for the treatment of various benign gynecological disorders. Its advantages, including reduced postoperative pain, faster recovery, shorter hospitalization, and lower healthcare costs, make it the preferred route of hysterectomy whenever anatomically feasible. Careful patient selection, meticulous surgical technique, and comprehensive

postoperative care are essential for maximizing clinical success and patient satisfaction

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