

Hysterectomy

Guideline 17: Hysterectomy

Situation	Guideline	Evidence
Sub-total hysterectomy (Part or all of the cervix remains in situ) for documented benign reasons	Screen routinely according to these guidelines.	Grade B
Total hysterectomy (complete removal of the uterus and cervix) for documented benign reasons	<p>People with a normal screening history in the 5 years preceding the hysterectomy do not require further vaginal vault cytology testing.</p> <p>People who have had no cervical screening in the last 5 years, or who have an unknown or undocumented screening history should have a vaginal vault cytology sample taken. If this is normal, no further vaginal vault cytology is required.</p>	Grade B
Total hysterectomy with LSIL (CIN 1) (cytology or histology) in the previous 5 years, and no LSIL in the hysterectomy specimen	People who were returned to 3-yearly screening prior to their hysterectomy require no further vaginal vault cytology.	Grade C
	People who were not returned to 3-yearly screening prior to their hysterectomy require two vault samples taken 12 months apart; they can cease screening if both are negative.	
Total hysterectomy with LSIL in the hysterectomy specimen	Take two vault cytology samples 12 months apart. Screening can cease if both are negative.	
Total hysterectomy with previous HSIL (CIN 2 or 3)	The guidelines for a high-grade abnormality apply.	Grade B
	People with previous cytological or histological evidence of a possible or definite high-grade squamous lesion who have not completed a test of cure prior to their hysterectomy should have a test of cure. If HPV testing and cytology (co-testing) are negative on two occasions 12 months apart (ie, the test of cure is successful), they can return to 3-yearly vaginal vault screening.	Grade C

Situation	Guideline	Evidence
	<p>People with a pre-neoplastic high-grade squamous lesion identified in the hysterectomy specimen should be managed in the same way.</p> <p>Until a test of cure is successfully completed, recall people in this category for annual vaginal vault cytology.</p>	
<p>Total hysterectomy for genital/cervical malignancy</p>	<p>People with genital/cervical cancer are not subject to these guidelines. This group should be under ongoing surveillance from an oncologist, who will provide guidance on appropriate surveillance and care.</p>	
<p>Cervical glandular abnormalities with no evidence of a squamous high-grade lesion and a total hysterectomy</p>	<p>People in this category can cease cervical screening.</p>	<p>Grade B</p>