

# CERVICAL STUMP IN SUBTOTAL HYSTERECTOMY

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WHILE total hysterectomy is the operation of choice, subtotal hysterectomy has its place in surgery. The chief difference between the two operations is the cervical stump which is left. The following method has been used

by me in the past fifty subtotal hysterectomies and has certain advantages. I have never seen this particular procedure described before.

Briefly, the surgical technic used is as follows: The cervix itself is thoroughly

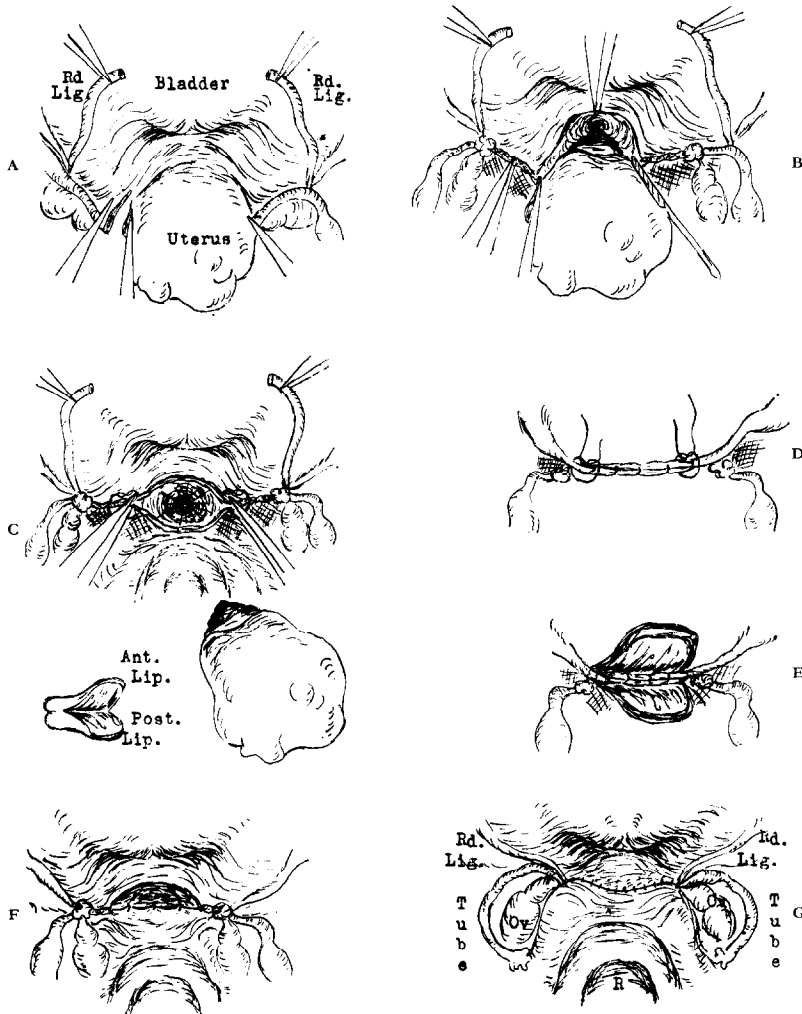


FIG. 1. A, dissection of the round ligaments from the broad ligaments beginning at the uterine attachment and extending laterally; B, reflection of the bladder and the peritoneum; C, cone-shaped resection of the uterine body and side view of the v-shaped anterior and posterior cervical lips; D, the round ligaments sutured together after overlapping them; E, the overlapped, sutured, round ligaments buried in the v-shaped groove made for them; F, the closed cervix with the buried round ligaments running between the anterior and posterior lips; G, all raw surfaces covered over by the usual peritonization.

cauterized with a point electric cautery, destroying the epithelium and extending up the canal. After the intestines are packed away with gauze strips the uterus is grasped with a vulsellum through a mid-line incision. The round ligaments are dissected from the broad ligaments beginning at the uterine attachment and extending laterally. Plain catgut ties are placed on each end of the freed round ligament. The broad ligaments are clamped and cut, including or excluding the ovaries and tubes as deemed advisable. The peritoneum and bladder are dissected away from the anterior surface of the uterus. The body and the neck of the uterus are resected from the cervix by a v-shaped incision. The round ligaments are then united to each other by overlapping them at a point as far lateral as is deemed necessary. This union of the round ligaments is further strengthened by several chromic catgut ligatures placed around them. The round ligaments are placed in the groove made by the v-shaped incision in the cervix in such a way that the anterior and posterior

lips can be closed over them by interrupted chromic catgut sutures. The peritoneum is then sutured over the entire raw surface, completely peritonizing it. (Fig. 1.)

#### ADVANTAGES OF METHOD

1. The round ligaments are attached to the cervical stump by the living tissue of the anterior and posterior lips instead of by a few catgut sutures. This makes a much more secure support and prevents sagging of the floor.
2. No strain is put on the ovarian and uterine vessels as usually occurs in the conventional method of suturing.
3. Infection through the cervical canal is prevented by completely closing it.

#### CONCLUSIONS

A procedure is presented which furnishes a more secure support of the cervical stump and avoids as nearly as possible those cases of prolapse of the cervix which too frequently occur. Infection is eliminated and undue tension on the ovarian and uterine vessels is avoided.

