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.

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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.

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