

CEC eChartbook Portal Extract

Hysterectomy rate for non-malignant hospital separations

Other acute services

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Suggested citation: Clinical Excellence Commission [access year]. eChartbook Portal: Safety and Quality of Healthcare in New South Wales. Sydney: Clinical Excellence Commission. Available at: <http://www.cec.health.nsw.gov.au/echartbook/acute-and-other-services-indicators/hysterectomy> Accessed (insert date of access).

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This publication is part of the CEC's Information Management Series. A complete list of CEC publications is available from the Director, Corporate Services (address above) or via the CEC's web site www.cec.health.nsw.gov.au

PDF file created: Friday, 7 August 2015

OTHER ACUTE SERVICES

Hysterectomy rate for non-malignant hospital separations

Why is this important? Hysterectomy is the total removal of the uterus, or much less commonly, its partial removal. The procedure can be used to treat a range of conditions, including menorrhagia (heavy menstrual bleeding), chronic pelvic pain and uterine fibroids. Hysterectomies are also used in the treatment of uterine cancer – either cancer of the body of the uterus or cancer of the cervix. In recent years, the number of women undergoing a hysterectomy has declined. While there is no nationally agreed appropriate rate, there have been concerns that hysterectomies may be overused in non-cancer cases. Ineffective treatment of heavy menstrual bleeding is likely to lead to a referral and a high chance of hysterectomy [1]. There is evidence from randomised controlled trials (RCTs) that modern medical and conservative surgical therapies (including endometrial ablation) are effective treatments for heavy menstrual bleeding (menorrhagia) for many women [2]. Data refers to the patient's local health district of residence. It excludes women with a cancer diagnosis. Data is stratified into two age groups: 15-34 and 35-69 years, based on conforming with national indicators and comparability with data in previous paper-based Chartbooks.

Findings:

In 2014, 126 women aged between 15 and 34 years underwent a hysterectomy procedure, a reduction from 223 women in 2010. Age-standardised rates dropped from 23.8 in 2010 to 9.8 procedures per 100,000 women in 2014. In the 4 years period, rates in urbanised local health districts (LHDs) were much lower than their regional counterparts, higher clinical variation was also observed in the regional area (Chart HS01). Overall rates at the state level continuously declined to almost half during this study period (from 23.2 in 2010 to 12.6 procedures per 100,000 women in 2014).

In 2014, 2,940 female residents of NSW aged between 35 and 69 years underwent the procedure (age-standardised rate 185.4 per 100,000 women), a sharp drop from 4,268 procedures in 2010 (274.3 per 100,000 women). The

difference and clinical variation between urban and regional areas was less pronounced than their 15-34 counterparts.

Implications: In line with the trend seen in many developed healthcare systems around the world, there has been a significant decline in hysterectomy rates across NSW in the last five years. This may be a result of initiatives to address inappropriately high rates, improved provision of information and evidence-based advice for women, or availability of other non-surgical options. Significant variations in the use of the procedure persist, however, reflecting higher rates for women living in rural populations and more disadvantaged regions. While some of this may reflect patient choice, it suggests that hysterectomy may be overused for women living in many parts of NSW. Further analysis, investigation and strategies are required, particularly to ensure that women are well informed and can access appropriate options wherever they live.

What we don't know: Why do hysterectomy rates for non-cancer cases remain significantly higher in non-metropolitan areas?

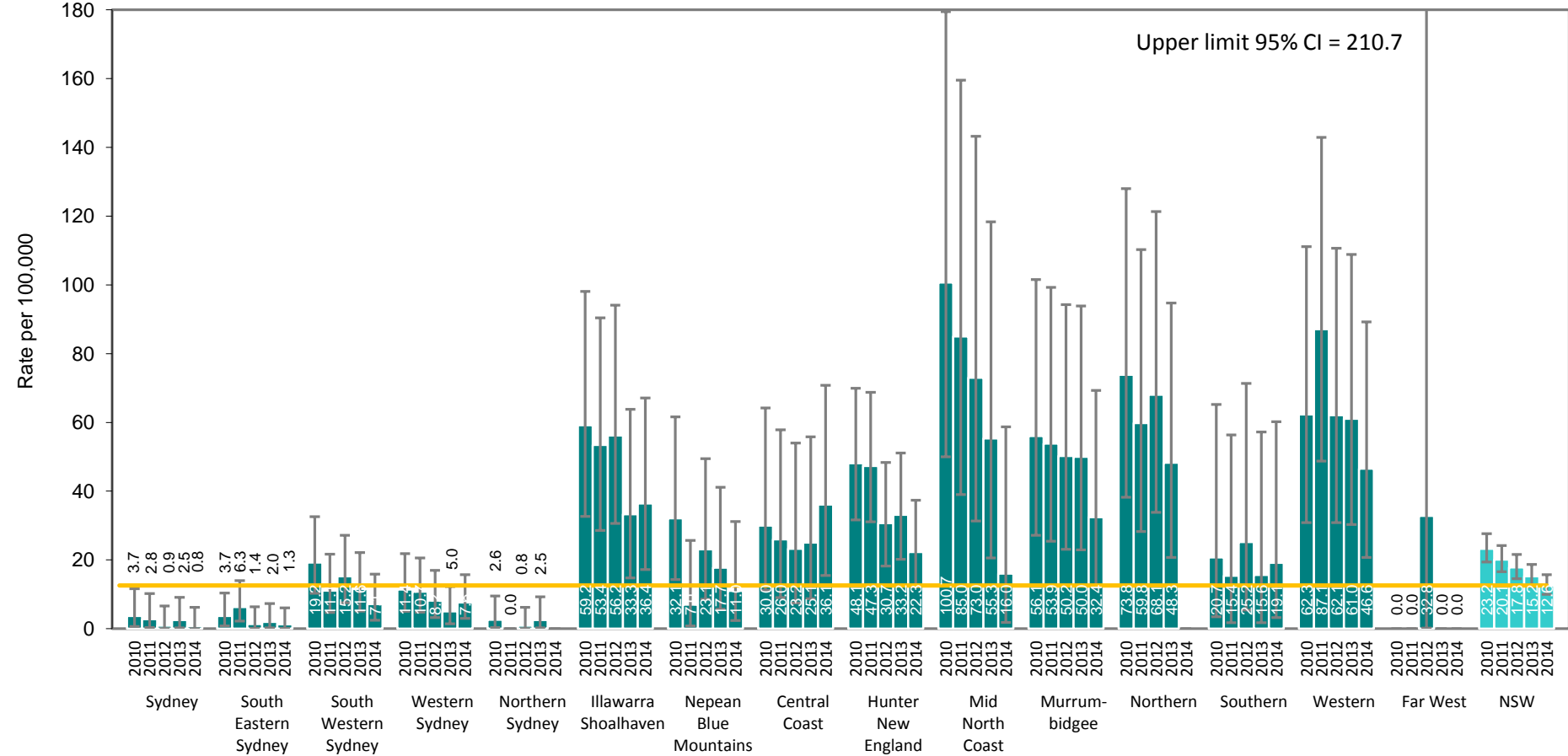
References:

[1] Nixon RM, Duffy SW, Fender GR, Day NE, Prevost TC. Randomization at the level of primary care practice: use of pre-intervention data and random effects models. *Stat Med* 2001;20(12):1727-38.

[2] Hickey M, Farquhar CM. Update on treatment of menstrual disorders. *Med J Aust* 2003; 178(12):625-9.

Chart HS01 – Hysterectomy for non-malignancy, 15-34 years, by LHD, 2010-2014

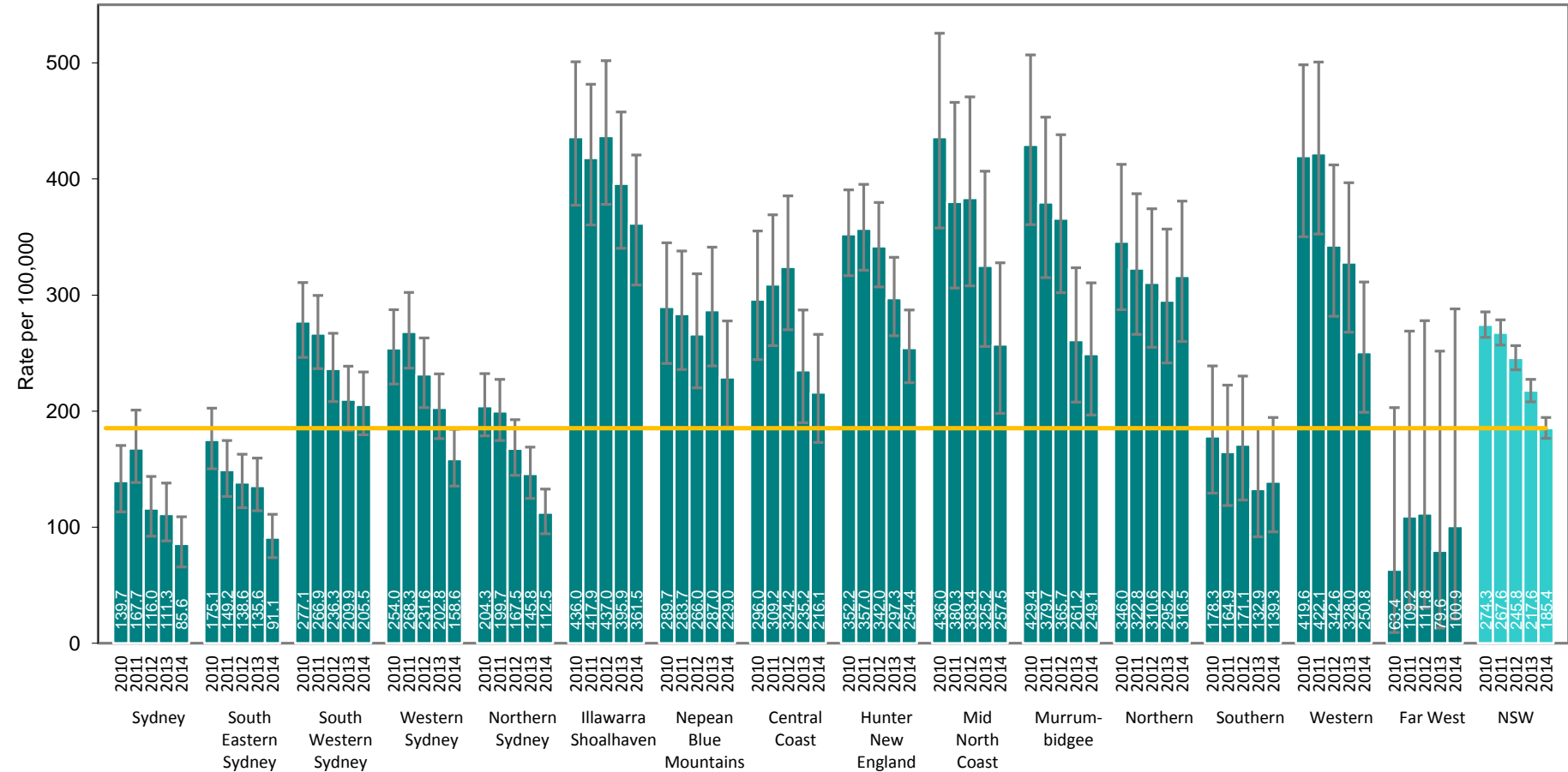
Age-standardised hysterectomy hospital separation* rate per 100,000 women aged 15 to 34 years (excluding cancers) by LHD of usual residence, 2010-2014



Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. *Public and private hospitals in NSW. As of 25-08-2015, data for private hospitals are up to June 2014.

Chart HS02 – Hysterectomy for non-malignancy, 35-69 years, by LHD, 2010-2014

Age-standardised hysterectomy hospital separation* rate per 100,000 women aged 35 to 69 years (excluding cancers) by LHD of usual residence, 2010-2014



Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. *Public and private hospitals in NSW. As of 25-08-2015, data for private hospital are up to June 2014.

Data Definitions

Chart:	HS01
Admin Status:	Current, Jan 2010 to Dec 2014
Indicator Name:	Hysterectomy for non-malignancy, 15-34 years, by LHD, 2010-2014
Description:	Age standardised hysterectomy hospital separation rate per 100,000 women aged 15 to 34 years (excluding cancers) by LHD, 2010-2014
Dimension:	Appropriateness
Clinical Area:	Surgery
Data Inclusions:	Separations from NSW public and private hospitals with any of the following ICD10 codes recorded as the principle procedure of the Admitted Patient Data Collection (APDC): 35653-00, 35653-01, 35653-02, 35653-03, 35657-00, 35661-00, 35667-00, 35667-01, 35673-00, 35673-01, 35750-00, 35753-00, 35753-01, 35756-00, 35756-01 and 35756-02. Laparoscopic procedure codes were not included in the analysis.
Data Exclusions:	Separations from NSW public and private hospitals with any of the following ICD10 codes recorded in either principle or 50 comorbidity diagnoses fields of the APDC: C18-C21, C48, C51-C58, C64-C68, C76.3, C77.5, C78.6, C79.6 and C79.82, residents outside NSW, and residents of NSW who were treated interstate were all excluded from the analysis.
Numerator:	The number of non-malignant hospital separations with Hysterectomy recorded as a principle procedure in women aged 15-34 years.
Denominator:	NSW estimated resident population (ERP) women aged 15-34 years
Standardisation:	Direct age standardisation to the 2001 Australian mid-year ERP
Data Source:	APDC stored in Admitted Patient, Emergency department Attendance and Deaths Register (APEDDR1, the linked databases) and ABS population estimates on Secure Analytics for Population Health Research and Intelligence (SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health
Comments:	The APDC was stored in APEDDR1 (the linked databases). This snapshot data do not include NSW residents who were hospitalised interstate. No imputation was performed in the analysis.

Chart:	HS02
Admin Status:	Current, Jan 2010 to Dec 2014
Indicator Name:	Hysterectomy for non-malignancy, 35-69 years, by LHD, 2010-2014
Description:	Age standardised hysterectomy hospital separation rate per 100,000 women aged 35 to 69 years (excluding cancers) by local health district of usual residence, 2010-2014
Dimension:	Appropriateness
Clinical Area:	Surgery
Data Inclusions:	Separations from NSW public and private hospitals with any of the following ICD10 codes recorded as the principle procedure of the Admitted Patient Data Collection (APDC): 35653-00, 35653-01, 35653-02, 35653-03, 35657-00, 35661-00, 35667-00, 35667-01, 35673-00, 35673-01, 35750-00, 35753-00, 35753-01, 35756-00, 35756-01 and 35756-02. Laparoscopic procedure codes were not included in the analysis.
Data Exclusions:	Separations from NSW public and private hospitals with any of the following ICD10 codes in either principle or 50 comorbidity diagnoses fields of the APDC: C18-C21, C48, C51-C58, C64-C68, C76.3, C77.5, C78.6, C79.6 and C79.82, residents outside NSW, and residents of NSW who were treated interstate were all excluded from the analysis.
Numerator:	The number of non-malignant hospital separations with Hysterectomy recorded as a principle procedure in women aged 15-34 years.
Denominator:	NSW estimated resident population (ERP) women aged 35-69 years
Standardisation:	Direct age standardisation to the 2001 Australian mid-year ERP
Data Source:	APDC stored in Admitted Patient, Emergency department Attendance and Deaths Register (APEDDR1, the linked databases folder) and ABS population estimates on Secure Analytics for Population Health Research and Intelligence (SAPHaRI), Centre for Epidemiology and Evidence, NSW Ministry of Health
Comments:	The APDC was stored in APEDDR1 (the linked databases). This snapshot data do not include NSW residents who were hospitalised interstate. No imputation was performed in the analysis.