PRE-TEST

Q&A Hysterectomy

# Introduction

# **Indication**

In most cases a hysterectomy is performed due to….

1. **benign conditions**
2. malignant disease

**Principles of surgical treatment**

In which procedure is the uterus surgically removed with preservation of the lower part of the cervix?

1. Abdominal hysterectomy
2. **Subtotal hysterectomy**
3. Vaginal hysterectomy
4. Laparoscopic assisted l hysterectomy.

Which procedure is associated with a delayed return to normal activities? The abdominal or vaginal hysterectomy?

1. **Abdominal**
2. Vaginal

# Preoperative

# **Patient preparation**

The chosen antibiotic type used for antibiotic prophylaxis should cover ….

1. aerobic gram-positive and -negative bacteria
2. gram negative aerobs and anaerobic bacteria
3. **aerobic gram-positive cocci, gram negative aerobs and anaerobic bacteria**

# **Positioning of patient and team**

In general, during an abdominal hysterectomy the right-handed surgeon operates from the right-hand side of the patient.

 Trueor **false.**

# Procedure**Incision, exploration and adhesiolysis**

In the abdominal approach to the hysterectomy the abdomen is accessed through..

1. a vertical midline incision
2. a Pfannenstiel incision
3. transverse muscle splitting
4. 1
5. 1 and 2 are correct
6. 1 and 3 are correct
7. **all answers are correct**

# When placing the lateral retractor for exposure after opening the abdomen one should be careful not to place it over what nerve?

1. **femoral nerve**
2. lateral femoral cutaneous nerve
3. obturator nerve

A Pfannenstiel incision that is extended far to the lateral side can cause nerve damage. Which of these nerves is not at risk in this situation?

1. iliohypogastric nerve
2. ilioinguinal nerve
3. **genitofemoral nerve**

**Round ligament division**The round ligament should be dissected ….

1. close to the uterus
2. **in the middle**
3. close to the lateral side wall

When a hysterectomy with a salpingho-oophorectomy is performed the round ligament and Fallopian tube are transected.

 True or **false.**

**Incision bladder peritoneum**

Diathermia is not a safe method for incising the bladder peritoneum.

 True or **false.**

**Ovariectomy**

When performing the ovariectomy the peritoneum lateral to the ovary is incised and the connective tissue under it separated. At this point the ureter runs ..

1. **medial**
2. lateral

The broad ligament (ligamentum latum) contains the meso of:

1. salphinx
2. ovary
3. uterus
4. 1
5. 2
6. 3
7. 1 and 2
8. 1 and 3
9. 2 and 3
10. **all answers are true**

**Preservation ovary**

In case of ovarian preservation an opening is made is the broad ligament under the utero-ovarian ligament. Whicht structure is at risk at this moment?

1. **ureter**
2. bladder
3. ovarian artery

The ovarian ligament is attached to the lateral side uterus, just … the point where the uterine tube and uterus meet.

1. above
2. **below**

**Dissection bladder from cervix**

Lateral dissection of the cervix should be avoided because it can lead to:

1. bladder damage
2. **bleeding**
3. splanchic nerve damage

Blunt dissection of the bladder from the cervix can lead to tearing of the

1. **bladder wall**
2. uterus
3. vagina

**Incision posterior peritoneum**

What step should follow the dissection of the bladder from the cervix?

1. Dissection of broad ligament and ligation of uterine vessels.
2. **Incision posterior peritoneum**
3. Transection of the vagina

The function of the sacro-uterine ligaments is to hold the uterus in place in the pelvic cavity.

**True** or false.

**Broad ligament dissection with ligation of the uterine vessels**

When ligating the uterine vessels the suture should be placed from anterior to posterior because of the risk of …

1. **bladder damage**
2. ureter damage
3. postoperative pain
4. damaging the splanchic nerves

**Opening and transection vagina**

In a total hysterectomy the external cervical os functions as a landmark for the level of the transection of the vagina.

 **True** or false.

The right level for transection of the vagina in a total hysterectomy is:

1. **the cervicovaginal junction**
2. as close to the pelvic floor as possible
3. right above the lateral cervical ligament

**Closure of the vaginal cuff**

The vaginal cuff is closed with

1. a running suture
2. **a few stitches**

The vagina should not be closed completely to allow for drainage of hematoma or seroma after the operation.

 **True** or false.

**Closure**

The right moment to inspect the bladder and ureter for damage is after closure of the vaginal cuff.

**True** or false.

#

# Postoperative

# **Postoperative care**

For how long should vaginal intercourse be discouraged postoperatively?

1. not
2. 2-3 weeks
3. 3-4 weeks
4. **4-6 weeks**
5. 6-8 weeks

**Complications**

The risk of vaginal cuff complications, as infection and dehiscence, can be reduced by:

1. avoiding early mobilization
2. preoperative treatment of bacterial vaginosis
3. routine postoperative treatment with antibiotics
4. avoiding vaginal intercourse during the first few weeks after surgery
5. 1 and 2
6. 1 and 3
7. **2 and 4**
8. 3 and 4
9. all answers are correct

# **Anatomy**

The uterine artery branches from the …

1. External iliac artery
2. Internal pudendal artery
3. **Internal iliac artery**
4. Lateral sacral artery

The….ligament houses the ovarian and uterine artery.

1. cardinal
2. **broad**
3. round
4. infundibulopelvic

What structure does the ovarian artery not supply?

1. Fallopian tube
2. **bladder**
3. labia majora
4. uterus

POST TEST

Q&A Hysterectomy

# Introduction

# **Indication**

The two most common indications for a hysterectomy in benign disease are:

1. Pelvic organ prolapse
2. Abnormal uterine bleeding
3. Pelvic pain due endometriosis
4. Pelvic inflammatory disease
5. Symptomatic leiomyomata
6. 1 and 3
7. 1 and 4
8. 2 and 4
9. **2 and 5**
10. 3 and 5

**Principles of surgical treatment**

Which of the statements on the effect of bilateral salphingho-oophorectomy (BSO) in premenopausal women is incorrect?

1. results in menopause
2. negative impact on cardiovascular health
3. negative effect on sexual functioning
4. **improves all cause mortality**

Which procedure is associated with fewer complications? The abdominal or vaginal hysterectomy?

1. Abdominal
2. **Vaginal**

# Preoperative

# **Patient preparation**

The chosen antibiotic type used for antibiotic prophylaxis should cover:

**A. skin, vaginal and fecal flora**

B. skin and vaginal flora

C. upper respiratory tract, skin and vaginal flora

D. upper respiratory tract, skin, vaginal and fecal flora

The chosen antibiotic type used for antibiotic prophylaxis should cover ….

1. aerobic gram-positive and -negative bacteria
2. gram negative aerobs and anaerobic bacteria
3. **aerobic gram-positive cocci, gram negative aerobs and anaerobic bacteria**

# Positioning of patient and team

# What position is used for the abdominal hysterectomy?

1. supine
2. lithotomy
3. **both answers are true**

# Procedure

Incision, exploration and adhesiolysis

In the abdominal approach to the hysterectomy the abdomen is accessed through..

1. a vertical midline incision
2. a Pfannenstiel incision
3. transverse muscle splitting
4. 1
5. 1 and 2 are correct
6. 1 and 3 are correct
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# The choice for incision type depens on…..

1. whether the patient underwent previous abdominal surgery
2. existing scars
3. whether a simultaneous salphingo-oophorectomy is performed
4. the size of the uterus
5. the mobility of the uterus

Which is incorrect?

1. 1
2. 2
3. **3**
4. 4
5. 5

# The size of the uterus is not an important factor in the choice for incision type.

True or **false**.

# When placing the lateral retractor for exposure after opening the abdomen one should be careful not to place it over what nerve?

1. **femoral nerve**
2. lateral femoral cutaneous nerve
3. obturator nerve

Splitting pelvic adhesions may lead to:

1. organ perforation
2. bleeding
3. devascularization of the ovary.
4. **1 and 2**
5. 1 and 3
6. 2 and 3

**Round ligament division**The round ligament should be dissected ….

1. close to the uterus
2. **in the middle**
3. close to the lateral side wall

When a hysterectomy is performed with preservation of the ovary the round ligament and Fallopian tube are transected and ligated.

 **True** or false.

I**ncision bladder peritoneum**

What should be the next step after division of the round ligament?

1. Dissection of broad ligament and ligation of uterine vessels.
2. Incision posterior peritoneum
3. **Incision bladder peritoneum**

**Ovariectomy**

When performing the ovariectomy the peritoneum lateral to the ovary is incised and the connective tissue under it separated. At this point the ureter runs ..

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The broad ligament (ligamentum latum) contains the meso of:

1. salphinx
2. ovary
3. uterus
4. 1
5. 2
6. 3
7. 1 and 2
8. 1 and 3
9. 2 and 3
10. **all answers are true**

**Preservation ovary**

In case of ovarian preservation an opening is made in the broad ligament at what level?

1. **under the utero-ovarian ligament**
2. above the utero-ovarian ligament
3. medial to the utero-ovarian ligament
4. lateral to the utero-ovarian ligament

The ovarian ligament is attached to the lateral side uterus, just … the point where the uterine tube and uterus meet.

1. above
2. **below**

**Dissection bladder from cervix**

Lateral dissection of the cervix should be avoided because it can lead to:

1. bladder damage
2. **bleeding**
3. splanchic nerve damage

Blunt dissection of the bladder from the cervix can lead to tearing of the

1. **bladder wall**
2. uterus
3. vagina

To determine whether the uterus is completely dissected from the bladder the cervix should be palpated between the four fingers and the thumb that is placed in the opening between the bladder and cervix.

 **True** or false.

**Incision posterior peritoneum**

What step should follow the dissection of the bladder from the cervix?

1. Dissection of broad ligament and ligation of uterine vessels.
2. **Incision posterior peritoneum**
3. Transection of the vagina

The hypogastic nerve runs lateral of the sacrouterine ligaments.

 **True** or false.

**Broad ligament dissection with ligation of the uterine vessels**

When ligating the uterine vessels the suture should be placed from anterior to posterior because of the risk of …

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3. postoperative pain
4. damaging the splanchic nerves

**Opening and transection vagina**

The right level for transection of the vagina in a total hysterectomy is:

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**Closure of the vaginal cuff**

The vaginal cuff is closed with

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2. **a few stitches**

**Closure**

The right moment to inspect the bladder and ureter for damage is after closure of the vaginal cuff.

**True** or false.

# Postoperative

# Postoperative care

For how long should vaginal intercourse be discouraged postoperatively?

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3. 3-4 weeks
4. **4-6 weeks**
5. 6-8 weeks

Complications

Why should one be careful not to include the bladder mucosa when reparing bladder injury with a running suture?

1. **stone formation**
2. avoid damage of the ureter
3. incontinence

# **Anatomy**

What ligaments provide uterine support?

1. lateral cervical (cardinal) ligament
2. ovarian ligament
3. infundibulopelvic ligament
4. sacrouterine ligament
5. 1 and 2
6. 1 and 3
7. **1 and 4**
8. 2 and 3
9. 2 and 4
10. 3 and 4

Which blood vessels supply the uterus?

1. Ovarian arteries
2. Uterine arteries
3. **Ovarian and uterine arteries.**

The….ligament houses the ovarian and uterine artery.

1. cardinal
2. **broad**
3. round
4. infundibulopelvic