Do not perform a laparotomy for the management of non-malignant disease when surgical management is indicated and a vaginal, laparoscopic or robotic-assisted approach is feasible and appropriate. Selection of an endoscopic approach should be tailored to patient selection, surgeon ability, and equipment ability. The surgeon should take into consideration how the procedure may be performed cost-effectively with the fewest complications.

Do not perform routine oophorectomy in premenopausal women undergoing hysterectomy for non-malignant indications who are at low risk for ovarian cancer. Outside of high-risk populations, the association of oophorectomy with increased mortality in the general population has substantial implications, particularly as it relates to higher rates of coronary heart disease and cardiovascular death. The long-term risks associated with salpingo-oophorectomy are most pronounced in women who are younger than 45–50 years who were not treated with estrogen.

Do not routinely administer prophylactic antibiotics in low-risk laparoscopic procedures. The use of prophylactic antibiotics in women undergoing gynecologic surgery is often inconsistent with published guidelines. Although the appropriate use of antibiotic prophylaxis for hysterectomy is high, antibiotics are increasingly being administered to women who are less likely to receive benefit. The potential results are significant resource use and facilitation of antimicrobial resistance.

Avoid the unaided removal of endometrial polyps without direct visualization when hysteroscopic guidance is available and can be safely performed. Endometrial polyps are a common gynecologic disease. Though conservative management may be appropriate in some patients, hysteroscopic polypectomy is the mainstay of treatment. Removal without the aid of direct visualization should be avoided due to its low sensitivity and negative predictive value of successful removal compared to hysteroscopy and guided biopsy.

Avoid opioid misuse in the chronic pelvic pain patient without compromising care through education, responsible opioid prescribing and advocacy. Patients have a right to appropriate assessment and management of pain; however, opioid misuse has become a public health crisis. It is essential that providers become familiar with published FDA and CDC plans and guidelines. Providers must also educate and screen for risk factors for opioid misuse and follow patients on chronic opioid therapy for any signs of misuse.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physicians.
How This List Was Created

As an international leader in the advancement of minimally invasive surgery, AAGL relies on its society members and board to determine the various needs and best practices to promote safe, higher quality care to patients. The list of things to question provided to the Choosing Widely campaign was submitted to the AAGL Board, who developed a subcommittee dedicated to analyzing the recommended interventions. The subcommittee of expert surgeons in the field of minimally invasive surgery recommended and developed a more effective use of health care resources, along with safe techniques to practice. The submitted list was reviewed and approved by the AAGL Board.

Sources

2. ACOG Committee Opinion: Choosing the Route of Hysterectomy for Benign Disease, Number 701, June 2017.

About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the AAGL

Established in 1971, AAGL was the first organization of its kind dedicated to gynecologic endoscopic surgery. Still today, AAGL remains the largest international, professional society in minimally invasive gynecology. With over 7,000 members, AAGL is recognized worldwide for leading the field through education, communication and research. AAGL works with some of the world’s finest gynecologic surgeons to promote quality health care for women by advancing minimally invasive gynecologic practices through clinical practice, research, innovation and dialogue.

For more information or to see other lists of Five Things Patients and Providers Should Question, visit www.choosingwisely.org.