International Clinical and Medical Case Reports Journal
Research Article (ISSN: 2832-5788)

Audit on Endometrial Cancer Hysterectomies against GIRFT and BADS Standards

Saira Waheed*

Specialty Registrar in Obstetrics & Gynaecology, York and Scarborough NHS Trust, Yorkshire

Citation: *Saira Waheed. Audit on Endometrial Cancer Hysterectomies against GIRFT and BADS Standards. Int Clinc Med Case Rep Jour. 2025;4(9):1-4.*

Received Date: 12 September 2025**; Accepted Date:** 17 September 2025**; Published Date:** 18 September 2025

***Corresponding author:** Saira Waheed, Specialty Registrar in Obstetrics & Gynaecology, York and Scarborough NHS Trust, Yorkshire

ABSTRACT

Background: Hysterectomy is a common gynaecological procedure, with evolving practice favouring minimal access routes to improve patient outcomes. GIRFT recommends that no more than 25% of hysterectomies be performed as open procedures, with at least 50% of minimal access hysterectomies completed as day cases.

Objective: To audit endometrial cancer hysterectomies performed at York site against GIRFT and BADS standards.

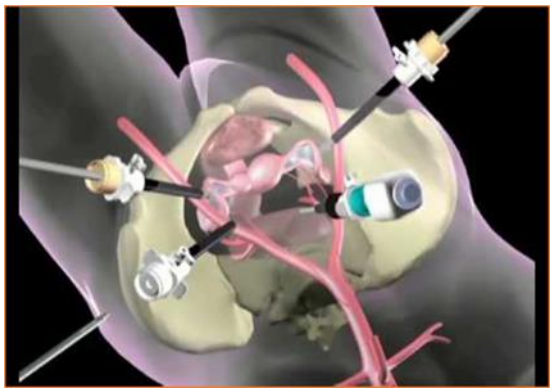
Methods: A retrospective audit of 60 patients undergoing hysterectomy between January–December 2023 was conducted. Inclusion criteria: elective total laparoscopic hysterectomy (TLH) for endometrial cancer (n=27). Parameters included age, BMI, histology, cancer stage, planned and actual route of hysterectomy, blood loss, uterine size, conversion to open, and readmissions.

Results: All patients were planned for TLH. Conversion to total abdominal hysterectomy (TAH) occurred in 14%. Median age was 60 years (range 30–86). Most procedures were completed laparoscopically, with day-case rates below GIRFT/BADS targets.

Conclusion: While the majority of procedures were performed laparoscopically, conversion rates and day-case completion fell short of GIRFT and BADS standards. Recommendations include structured patient pathways, morning listing, SOP-driven recovery and discharge, MDT involvement, and patient preparation strategies to optimise outcomes.

INTRODUCTION

Hysterectomy remains a cornerstone procedure in gynaecological oncology. National standards, including GIRFT, recommend that no more than 25% of hysterectomies be performed via open approach, with 75% undertaken laparoscopically or vaginally. Additionally, BADS advises that at least 50% of minimal access hysterectomies should be completed as day cases. This audit evaluates compliance at York site against these standards.



METHODS

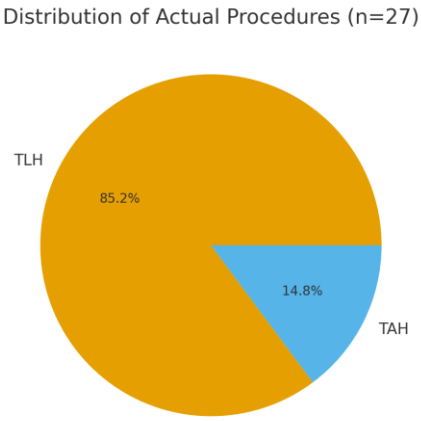
A retrospective audit was conducted at York and Scarborough NHS Trust (York site) from January–December 2023. Inclusion: elective TLH for endometrial cancer (n=27). Exclusion: benign cases, vaginal hysterectomies/LAVH, emergency hysterectomies. Data included age, BMI, histology, stage, surgical route, conversions, blood loss, uterine size, length of stay, and readmissions.

	Standards	source
Day case hysterectomy rate (all cases)	50 percent	GIRFT Benchmark
Length of stay for abdominal hysterectomy for cancer	3.8 days	GIRFT Benchmark
Minimal access rate for hysterectomy for cancer	89.8 percent	GIRFT Benchmark
Open procedure rate for hysterectomy for cancer	27.8 percent	Provider median
Percentage of length of stay less than 2 days for cancer	62.5 percent	Provider median
Emergency readmission rate with in 30 days of minimal access hysterectomy	3.3 percent	Benchmark value

RESULTS

Of the 27 cases, all were planned as TLH. Conversion to TAH occurred in 14.8%. Median age was 60 years (range 30–86).

Procedure	Number of Patients
TLH	23
TAH	4



	Standards	RESULTS
Length of stay for minimal access hysterectomy for cancer	1.6	1.3
Length of stay for abdominal hysterectomy for cancer	3.8	3
Minimal access rate for hysterectomy for cancer	89.8 percent	88 percent
Open procedure rate for hysterectomy for cancer	27.8 percent	14 percent
Percentage of length of stay less than 2 days for cancer	62.5 percent	87.5 percent
Emergency readmission rate with in 30 days of minimal access hysterectomy	3.3 percent	0

Acheiving target

<10% Outside of Target

10-30% Outside of Target

>30% Outside of Target

DISCUSSION

The audit highlights progress towards minimally invasive approaches in endometrial cancer surgery but also reveals gaps in achieving GIRFT and BADS targets. A 14% conversion rate reflects complexity in selected cases. Implementation of structured pathways, MDT involvement, patient optimisation, and standardised discharge processes may reduce conversions and facilitate day-case surgery. Limitations include single-centre design, small sample, and retrospective methodology.

CONCLUSION

Most endometrial cancer hysterectomies were completed laparoscopically. However, conversion and day-case rates fell short of national benchmarks. Future improvements should focus on SOP-driven perioperative pathways and patient optimisation.

REFERENCES

1. GIRFT Programme. Getting It Right First Time: Gynaecology Report. NHS England.
2. British Association of Day Surgery (BADS). Day Surgery Directory of Procedures, 6th Edition. London: BADS.
3. Waheed S. An Audit on Endometrial Cancer Hysterectomies Against GIRFT and BADS Standards. York and Scarborough NHS Trust, 2023.