

D.11 Surgical management - Hysterectomy with or without oophorectomy

| Item | Details |
|------------------------------|---|
| Area in the scope | Pharmacological and surgical treatments including analgesics, hormonal medical treatments, neuromodulators, ablation, excision and hysterectomy with or without oophorectomy. |
| Review question in the scope | Pharmacological and surgical treatments What is the effectiveness of the following treatments for endometriosis, including recurrent and asymptomatic endometriosis: <ul style="list-style-type: none"> • analgesics • neuromodulators • hormonal medical treatments • ablation • excision • hysterectomy with or without oophorectomy? |
| Review question | What is the effectiveness of hysterectomy with or without oophorectomy, including recurrent and asymptomatic endometriosis, in managing endometriosis? |

| Item | Details |
|--|--|
| Objective | The aim of this review is to determine the effectiveness of hysterectomy with or without oophorectomy, including recurrent and asymptomatic endometriosis, in managing endometriosis |
| Language | English |
| Study design | Systematic reviews of RCTs RCTs Prospective and retrospective comparative cohort studies (only if RCTs are unavailable or limited data to inform decision making) In the absence of full text published RCTs, conference abstracts will be considered. |
| Population and directness | Women with endometriosis of any stage and severity. Studies with indirect populations will not be considered. |
| Stratified, subgroup and adjusted analyses | Groups that will be reviewed and analysed separately: Pre-specified sub-group analyses, e.g. in the presence of heterogeneity, the following subgroups will be considered for sensitivity analysis: <ul style="list-style-type: none"> • women with or without cyclic pain • women with a combination of adenomyosis and endometriosis • hysterectomy with or without excision of endometriosis • laparoscopy vs laparotomy Important confounders (when comparative observational studies are included for interventional reviews): <ul style="list-style-type: none"> • age • severity of the condition |
| Intervention | Hysterectomy without oophorectomy |
| Comparison | Hysterectomy with oophorectomy |
| Outcomes | <ul style="list-style-type: none"> • Health related Quality of Life • Rate of success (disease recurrence and subsequent reoperation rate) • Pain relief • Effect on daily activities • Adverse events • Participant satisfaction with treatment |
| Importance of outcomes | Preliminary classification of the outcomes for decision making: Critical (up to 3 outcomes): <ul style="list-style-type: none"> • pain relief, • health related quality of life • adverse events Important but not critical (up to 3 outcomes): <ul style="list-style-type: none"> • number of women requiring more surgery • effect on daily activities including absence from work |
| Setting | Tertiary care |
| Search strategy | Sources to be searched: Medline, Medline In-Process, CENTRAL, CDSR, DARE, HTA, Embase Limits (e.g. date, study design): Limit to English language and human-only studies where appropriate Supplementary search techniques: No supplementary search techniques will be used. See appendix for full strategies |
| Review strategy | Appraisal of methodological quality: |

| Item | Details |
|------------|--|
| | <p>The methodological quality of each study should be assessed using quality checklists (eg AMSTAR for systematic reviews, Cochrane RoB tool for RCTs, CASP for cohort studies) and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE.</p> <p>Synthesis of data: Meta-analysis will be conducted where appropriate. Default MIDs will be used: 0.8 and 1.25 for dichotomous outcomes; 0.5 times SD for continuous outcomes to assess imprecision. When meta analysing continuous data final and change scores will be pooled and if any study reports both, the method used in the majority of studies will be analysed. If studies only report p-values, this information (including the sample size) will be provided in GRADE tables with a note that imprecision could not be assessed</p> |
| Equalities | Adolescents are noted as a specific subgroup requiring consideration in the equalities impact assessment |