OBJECTIVE: We report and review herein our 10-year experience with classic intrafascial supracervical hysterectomy focusing on our long-term experience, evolution of the operative technique, and increased use of this technique. METHOD: We performed a parallel, observational study with retrospective data to evaluate classic intrafascial supracervical hysterectomy, a laparoscopic hysterectomy technique, at Fayette Medical Center, a community hospital in Northwestern Alabama, USA. Patients comprised a consecutive series of 579 over a 10-year period from November 1992 through November 2002. RESULTS: The classic intrafascial supracervical hysterectomy technique, similar to standard supracervical hysterectomy, leaves the cardinal ligament, uterosacral ligament, vascular supply, and innervation to the upper vagina and cervix intact, but unlike supracervical hysterectomy removes the transition zone and endocervical canal. For 579 patients, the average age was 45.4 years (range, 22 to 92), follow-up was 75.3 months (range, 17 to 137), operating room time was 69 minutes (range, 44 to 370), blood loss was 72 mL (range, 10 to 765), length of hospital stay was 23.2 hours (range, 14 hours to 5 days), time to return to work was 13.2 days (range, 3 to 28). Complications include 11 cervical bleedings, 1 uterine artery bleeding, 1 pelvic hematoma, 1 postoperative ileus, and 16 mucoceles of the cervical stump. Three patients were converted from a laparoscopic to
an open procedure (0.52%). Long-term follow-up of up to 137 months shows no adverse events thus far. CONCLUSIONS: Classic intrafascial supracervical hysterectomy is a safe procedure with a low short- and long-term complication rate. It has a short recuperation period and high patient satisfaction. It is the procedure of choice when hysterectomy is indicated for benign disease.