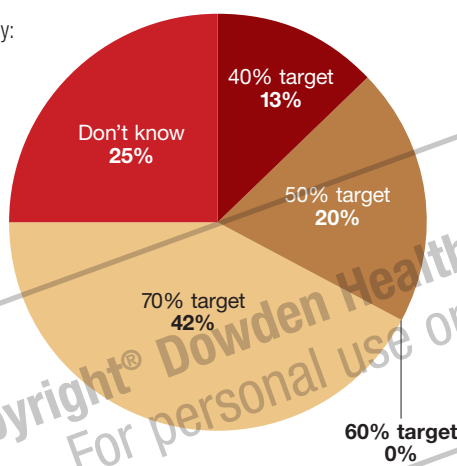


What is a practical target for hysterectomy approaches other than abdominal?

Barbieri RL. Minimally invasive hysterectomy: we are at the tipping point [editorial]. OBG Management. 2006;18(2):10, 14.

YOUR FEEDBACK

A high percentage of hysterectomies—70% or more—should employ approaches other than abdominal, according to 42% of OBG MANAGEMENT readers who answered our **Instant Poll Online**. Some commented that it's time to target an even higher rate. Most studies show that, compared with abdominal hysterectomy, laparoscopic and vaginal hysterectomies entail shorter hospitalization and recovery, and less postop pain. On the other hand, laparoscopic hysterectomy takes longer, uses more equipment (which adds expense), and requires specialized surgical skills.



SOME OF YOUR COMMENTS

As one who has performed more than 100 laparoscopic supracervical hysterectomies, I'm glad to see the interest in this procedure growing

All studies show higher complication rates [than a few more urinary tract injuries] ... you gung-ho cowboys need to be honest about this

I have performed more than 100 laparoscopic supracervical hysterectomies within the last year ... with no complications

More than 90% of hysterectomies should be done vaginally

At least 90% target, if for other than oncology reasons

98% should be the target rate for nonabdominal hysterectomy

What is **your** opinion?

In the STAR trial, both raloxifene and tamoxifen reduced the calculated breast cancer risk by about 50%. **SEE THIS MONTH'S EDITORIAL, PAGE 10**

For a postmenopausal woman with an elevated breast cancer risk, would you be willing to prescribe raloxifene, 60 mg daily, for chemoprevention?

YES NO

At OBG MANAGEMENT, we are interested in your professional opinions and practice patterns



Respond via

INSTANT POLL, at

www.obgmanagement.com

WE WILL PUBLISH A SUMMARY OF RESPONSES IN AN UPCOMING ISSUE