
Australian
and New Zealand
College of Obstetricians
and Gynaecologists

1. Introduction

Recommendation 3	Grade
Total hysterectomy after adenocarcinoma in situ (AIS) Women who have had a total hysterectomy, have been treated for AIS, and are under surveillance, should have a co-test on a specimen from the vaginal vault at 12 months and annually thereafter, indefinitely.† Women who have a total hysterectomy, as completion therapy or following incomplete excision of AIS at cold-knife cone biopsy or diathermy excision, should have a co-test on a specimen from the vaginal vault at 12 months and annually thereafter, indefinitely. † Until sufficient data become available to support cessation of testing	Consensus-based recommendation
Recommendation 4	**Grade**
Total hysterectomy for treatment of high-grade CIN in the presence of benign gynaecological disease Women who have had a total hysterectomy as definitive treatment for histologically confirmed HSIL in the presence of benign gynaecological disease, irrespective of cervical margins, should have a co-test on a specimen from the vaginal vault at 12 months after treatment and annually thereafter until the woman has tested negative by both tests on two consecutive occasions. After two annual consecutive negative co-tests, the woman can be advised that no further testing is required.	Consensus-based recommendation
Recommendation 5	**Grade**
Total hysterectomy after histologically confirmed HSIL without Test of Cure Women who have been treated for histologically confirmed HSIL,	

2b. Following Subtotal hysterectomy

3. References

1. Cancer Council Australia, Chapter 13. Screening after total hysterectomy https://wiki.cancer.org.au/australia/Clinical_question:Screening_after_total_hysterectomy

2.

5. Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:

http://www.ranzcog.edu.au/publication/womens-health-publications/patient-information pamphlets.html

Appendices

Appendix A Women's Health Committee Membership

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time