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RE Official Information Act request CDHB 10673

I refer to your email dated 28 July 2021 requesting the following information under the Official Information Act from Canterbury DHB regarding young people accessing a hysterectomy in Canterbury. Specifically:

1. In the last 5 years, how many people in Canterbury under the age of 25 tried to seek a hysterectomy through the public health system?

Unfortunately, we cannot tell you this as people are referred to our clinic based on their symptoms such as pain, bleeding problems, infection, or cervical smear abnormalities. People who meet the criteria to be seen in our system are assessed in our clinics based upon a full system and symptom review and the best course of management is recommended. Although some people may come seeking hysterectomy, following a thorough history taking, examination, investigation and assessment it is often the case that the recommended treatment is not a hysterectomy. (Declined pursuant to section 18(g) of the Official Information Act i.e. "...we do not hold the specific information requested").

2. How many of those people were successful in getting a hysterectomy and how many were not?

(As per response to Question 1) We are unable to respond to your specific question, however, we can provide information around hysterectomies performed.

In the 2020/2021 financial year we undertook 461 hysterectomies of which <5 were aged less than 25 years of age.

3. What requirements do people in Canterbury under the age of 25 need to meet to be eligible for a hysterectomy through the public health system?

People seeking treatment through Canterbury DHB's Gynaecology Service need to have a thorough assessment of signs and symptoms prior to a management plan being recommended. This includes people both over and under 25 years of age. We do not simply offer an operation to anyone purely

because they request it, (as clinicians it is our doctors duty to do least harm) – it needs to be based on review and evidence that the treatment (in this case hysterectomy) will likely improve and resolve the patient's symptoms and even more not worsen them.

For people under the age of 25 years we are obviously more concerned about removing the uterus because of the irreversible impact on fertility. Evidence from data relating to sterilisation procedures carried out on younger people shows a higher incidence of regret under the age of 30 years and as such we practice extreme caution in offering a hysterectomy under the age of 25 years.

Exceptions would include a small number of people who have a cervical, uterine or ovarian cancer at a young age where hysterectomy may indeed be the recommended treatment. In these cases, this is often not something that the people herself would be wishing and is carried out (with due respect to the risks and benefits) as a necessity but with significant adverse consequence in terms of fertility. We acknowledge that our cautious approach can sometimes lead to us being considered paternalistic (in terms of age and fertility issues) however we do need to practice both evidence-based medicine in terms of treatment benefit as well as be mindful of the risks of regret that we are aware occur.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to decline information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Tracey Maisey

Executive Director

Planning, Funding & Decision Support