What is already known on this topic

Hysterectomy is a common operation

Little is known about the long term effects of hysterectomy

What this study adds

Hysterectomy did not significantly increase a woman's risk of mortality from all causes, cardiovascular disease, and cancer

menopausal soon after hysterectomy. We were therefore unable to carry out separate analyses using menopausal status.

Previous studies have looked at risk of specific cancers after hysterectomy, rather than all cancer mortality. The reduced risk of ovarian cancer after hysterectomy found in one study[19] may have been due to a screening effect, as surgery provides an opportunity to detect abnormal ovaries. Such effects would persist for as long as it takes visible premalignant abnormalities to produce symptoms of cancer.[19] This bias could have occurred in our study, although it is not clear how long such a protective effect might have influenced our risk estimates of all cancer mortality.

Most women in our study had a hysterectomy for non-malignant reasons. They would no longer be at risk of endometrial, cervical, or ovarian cancer if they also had bilateral oophorectomy. Cancers comprise more than a third of deaths in middle aged women, with many at gynaecological sites. The observed lower risk of death (although not statistically significant) from all causes and from cancer among young women who had a hysterectomy was therefore unsurprising. Our results ignore any non-fatal, physical, psychological, and social costs to the individual after hysterectomy. The results should therefore not be used to argue that hysterectomy be used as a public health measure to reduce women's risk of death later in life. Instead, patients should be reassured that hysterectomy will not put their lives at risk later on.

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Corrections and clarifications

Recent developments in inhaled therapy in stable chronic obstructive pulmonary disease
In the second paragraph of the section "Long acting inhaled bronchodilators" in this Clinical Review by C B Cooper and D P Tashkin (*BMJ* 2005;330:640, 19 Mar), the final sentence should have said that tiotropium increases (not reduces) the time to first exacerbation compared with placebo. (Figure 2 in the article confirms this statement.)

Management of pregnancies with RhD alloimmunisation
We mixed up images and captions in this Clinical Review by Sailesh Kumar and Fiona Regan (*BMJ* 2005;330:1255-8, 28 May). The caption published with figure 1 should have appeared with figure 2, and the caption for figure 1 should have read: "Ultrasound image showing features of hydrops (skin oedema, hepatomegaly, and ascites)." In the text, these two figures should have been referenced in the Pathophysiology section (the third sentence from the end (fig 1)) and in the seventh sentence of the second paragraph of the Monitoring section (fig 2).

Randomised controlled trial to compare surgical stabilisation of the lumbar spine with an intensive rehabilitation programme for patients with chronic low back pain: the MRC spine stabilisation trial
An oversight in the editorial process of this paper by J Fairbank and colleagues led to the omission of the international trial number (*BMJ* 2005;330:1233-9, 28 May). The number is ISRCTN88854663.

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