

Hysteroscopic Morcellation of Uterine Fibroids

This is a new technique for removal of fibroids in the uterine cavity. National Institute for Health and Care Excellence (NICE) has looked at using hysteroscopic morcellation of uterine fibroids as another treatment option.

What has NICE said?

Current evidence on the efficacy of hysteroscopic morcellation of uterine fibroids is limited in quality and quantity. Evidence on safety shows a potential for serious complications, but the incidence of these is unknown. So, the procedure should only be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens to patients who have the procedure. We will be recording all our data and auditing our results as per NICE recommendations.

NICE said that the procedure is most useful for fibroids that are small or grow into the space in the uterus, and that the risks are greater with fibroids deep in the wall of the uterus. It also noted that patients were positive about the procedure.

What are fibroids?

Uterine fibroids are non-cancerous (benign) growths that occur in the uterus (womb). They can cause heavy menstrual periods, urinary incontinence, feelings of pressure or pain in the abdomen, and problems becoming pregnant and during pregnancy.

Fibroids can be treated with a hysterectomy, in which the whole uterus is removed, or with a myomectomy, in which just the fibroids are removed. If the fibroids are in the uterine cavity, they can be removed by morcellation under local anaesthesia or resection under general anaesthesia. Other treatments involve blocking the blood supply to the fibroids.

NHS Choices (www.nhs.uk) may be a good place to find out more information.

What is this procedure?

The procedure involves cutting the fibroid into small pieces (morcellation) and removing them by suction using a hysteroscope (small camera inside your womb). This is an outpatient procedure performed under local anaesthesia and involves removal of fibroids in the uterine cavity. You should be able to go home after the procedure.

Before the procedure

You must ensure that you are not pregnant at the time of the operation. If you have missed a period and think you may be pregnant, then we will not perform the procedure until we are sure you are not pregnant.

Your appointment can be at any time in your menstrual cycle, even during a period. However this procedure cannot be done during a heavy period. If you think that you will be in the middle of a heavy period at the time of your appointment, please contact us on the number below to re-arrange.

We suggest that you take **two 200mg tablets (400 mg total) of Ibuprofen 2 hours before your appointment if you are not asthmatic or allergic to Ibuprofen or aspirin. If you are asthmatic or allergic to this medication, take two 500mg Paracetamol tablets (1000mg total).**

How is the procedure performed?

Hysteroscopic morcellation is done with the patient under local anaesthetic, and 'gas and air' if wished. The local anaesthetic is given by injection around the neck of your womb. Once the local is effective, which may take a few minutes, the neck of the womb is gently stretched open. A special instrument called a hysteroscope, which has a small camera on the end, is passed through the neck of the uterus, via the vagina. Fluid is passed into the uterus, so that the doctor can see what they're doing via the camera. A tool is then passed through the hysteroscope and is used to cut the fibroid into small pieces (morcellation), which are removed by suction.

The aim of the procedure is to remove fibroids by inserting the hysteroscope only once. Other methods can involve inserting the hysteroscope several times, which can damage the uterus, and take longer, which can result in the body taking up lots of the fluid, which can be dangerous.

Depending on the size of the fibroid and fluid used sometimes you may need more than one sitting to complete the procedure.

Benefits and risks

The current body of evidence in this area is limited therefore NICE decided that , this procedure should only be undertaken if extra care is taken to explain the risks and extra steps are put in place to record and review what happens to patients who have the procedure.

The 4 studies that NICE looked at involved a total of 308 patients. NICE also looked at a database of safety reports (the total number of procedures was not known).

Generally, they showed the following benefits:

- In a study of 200 patients having either hysteroscopic morcellation or traditional fibroid removal using a hysteroscope, all patients had no symptoms 3 months after the procedure
- The procedure took less time than traditional methods of fibroid removal using a hysteroscope

The safety database showed that the risks included:

- The uterus or bowel being punctured (11 reports)
- Too much fluid being taken up by the patients' bodies so that treatment was needed (help breathing, or surgery; 16 reports)
- Fluid collecting in the lungs (6 reports)
- Bleeding (3 reports)

- Parts of the cutting tool coming off in the uterus (1 report)

If you want to know more about the studies see the NICE guidance. Ask your health professional to explain anything you don't understand.

What to expect following your procedure.

Discomfort:

There will usually be some period like cramps for the first 24 hours for which you may need painkillers. We recommend regular paracetamol (2 tablets 6 hourly up to a maximum of 8 tablets in 24 hours) or non steroidal anti-inflammatory drugs such as Ibuprofen if you can take them. We suggest that you ensure that you have painkillers at home, before your procedure.

Bleeding/discharge:

It is normal to have some bleeding/ discharge for a few days. The bleeding generally settles down but you may experience a watery blood stained vaginal discharge for 4-6 weeks as the womb heals. Sometimes a heavier discharge lasting 2-3 days may occur 10-14 days after treatment. To avoid risk of infection during this time it is best neither to use tampons nor to have sexual intercourse until the discharge has cleared.

If the bleeding becomes heavy or the discharge becomes offensive, please contact your GP for advice.

It is recommended that you use sanitary towels (pads) and not tampons until the bleeding or discharge stops.

Sexual activity

You should avoid sexual intercourse until bleeding or discharge has stopped.

Work / exercise

You will probably feel tired for a day or two but full activity and work can usually be resumed within a week.

You may want to rest for the remainder of the day, but if you feel well you can return to normal activities. While the discharge continues avoid swimming.

Where can you find extra information?

NICE Guidance on 'Hysteroscopic morcellation of uterine fibroids'
guidance.nice.org.uk/ipg486

If you have any further questions or worries about this procedure, or if you need to re-arrange your appointment, please contact Sarah Akkus on 01603 289383.