

Keyhole surgery to treat chronic pelvic pain by destroying small segments of ligaments and nerves

*NICE 'interventional
procedures
guidance' advises
the NHS on when
and how new
surgical procedures
can be used in
clinical practice.*

This leaflet is about when and how keyhole surgery that involves destroying small segments of ligaments and nerves can be used in the NHS to treat women with chronic pelvic pain. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The word 'procedure' means any surgery, test or treatment that involves entering the body through skin, muscle, a vein or artery, or body cavity. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because there is not a lot of information about how well it works, how safe it is and which women will benefit most from it.

This leaflet is written to help women who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe chronic pelvic pain or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. Some sources of further information and support are on page 5.



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This procedure may not be the only possible treatment for chronic pelvic pain. Your healthcare team should talk to you about any other treatment options available.

What has NICE said?

NICE has said that this procedure does not work and should not be used.

Keyhole surgery to treat chronic pelvic pain

The procedure is not described in detail here – please talk to your specialist for a full description.

Chronic pelvic pain is not well defined, but can be described as pain low in the abdomen which lasts for at least 6 months. It can include painful periods and pain during sexual intercourse. One of the most common causes of chronic pelvic pain is endometriosis. This is a condition in which womb lining tissue that is usually found only inside the womb (uterus) is also present outside the womb, usually in the pelvic cavity.

The treatment for chronic pelvic pain depends on the cause.

Treatments for endometriosis include hormone treatments, surgery to remove the tissue deposits, or more radical surgery (hysterectomy) to remove the uterus with or without the ovaries. If the cause of the pain cannot be identified, non-steroidal anti-inflammatory medicines or the oral contraceptive pill may be used. If these do not work, surgery may be considered.

Surgical options include an operation to cut or remove the ligaments and nerves in the pelvis. This particular procedure is carried out under a general anaesthetic. A laparoscope is a thin telescope that is inserted through a small cut in the woman's abdomen to allow the surgeon to see the operation site. Other small cuts are made so that the area can be inflated with gas, and to allow instruments to be inserted. The surgeon uses a laser or heat to destroy the ligaments attaching the

uterus to the sacrum (part of the pelvic bone), which carry nerve fibres within the pelvis. The medical name for this procedure is laparoscopic uterine nerve ablation or LUNA.

An alternative procedure involves removing some of the nerves on the surface of the sacrum that link the uterus to the brain; the medical name for this procedure is presacral neurectomy.

What does this mean for me?

Your doctor should not offer you keyhole surgery that involves destroying small segments of ligaments and nerves for chronic pelvic pain (LUNA), because NICE has decided that the procedure does not work.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at 14 studies on this procedure.

How well does the procedure work?

NICE has said that the procedure does not work.

A review of six studies involving 528 women showed that this procedure did not result in any improvement in pain levels when women were assessed at 6 months, 12 months or 36 months after the operation. One of the studies in the review said that women who had undergone this procedure reported significantly more pain than women who had undergone presacral neurectomy.

Another study which looked at painful periods showed that only 25 out of 33 women experienced relief of symptoms after this procedure, compared with 21 out of 23 women who had been treated with the procedure to cut the nerves from the uterus to the brain.

A different study followed women's progress for an average of 19 months after the operation. It showed that 38 out of 50 women with painful periods and 41 out of 51 women who experienced pain during sexual intercourse thought the results were 'excellent' or 'satisfactory'.

In a further study of 52 women, 72% still felt that the procedure had been a success after 1 year. However, this figure fell to 58% after 2 years, 51% after 3 years and only 40% after 4 years.

The expert advisers thought that the procedure is an established one, but they were uncertain about whether it works.

Risks and possible problems

In the studies there were not a lot of problems associated with the procedure. In one study, 4 out of 34 women experienced constipation. Women who had undergone presacral neurectomy experienced more problems afterwards: constipation, bleeding after the operation and problems with urinary urgency (being unable to postpone passing water).

Prolapse of the uterus has also been reported after the operation.

The expert advisers said that possible problems include injury to blood vessels, bowel or the tubes that link the kidneys to the bladder, and the possibility of having to do open abdominal surgery.

More information about chronic pelvic pain

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG234

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1349).

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ISBN: 978-1-4731-9213-3

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